Cc: Carroll, Bart <BCarroll@isdh.IN.gov>

Subject: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Bart and I would like to set up a phone call to discuss the ISDH's Non-Party Requests for Production. Are you available tomorrow afternoon for a call? It looks like both of our afternoons are open, so whatever time works for you all, we can be available.

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov





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From:

John Bucy <john@johnbucy.com>

Sent:

Tuesday, January 30, 2018 5:50 PM Clare Deitchman: Brune, Adrienne

To: Cc:

ISDH Court Administrator

Subject:

Re: Assignment Acknowledgement ACL-000132-18

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Judge Deitchman,

The time works for us also.

Thank you,

John

Bucy & Associates, PLLC 6633 Hwy. 290 East, Suite 104 Austin, Texas 78723 Telephone: (512) 291-6505 Facsimile: (512) 291-6558 Email: john@johnbucy.com

From: Clare Deitchman <cdeitchmanlaw@att.net>
Reply-To: Clare Deitchman <cdeitchmanlaw@att.net>

Date: Monday, January 29, 2018 at 7:55 AM

To: Adrienne Brune <abrune@isdh.in.gov>, "john@johnbucy.com" <john@johnbucy.com>

Cc: ISDH Court Administrator < courtadministrator@isdh.in.gov> **Subject:** Fw: Assignment Acknowledgement ACL-000132-18

Counsel,

I have been assigned as the Administrative Law Judge (ALJ) to hear the appeal of the license denial for Whole Woman's Health Alliance. I would like to set this for a prehearing conference call for purposes of scheduling. Would the two of you be available for a brief conference call on Monday, February 12, 2018 at say at 9:30 EST which would be 8:30 (CST) (Austin Texas Time).

If so, I will send out a Notice in today's mail. If that does not work for you, please provide alternative dates during that week.

Clare Deitchman

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---- Forwarded Message ----

From: "Miller, Rochelle" < RocMiller@isdh.IN.gov> To: Clare Deitchman <cdeitchmanlaw@att.net>

Cc: "Brune, Adrienne" <ABrune@isdh.IN.gov>; "Carroll, Bart" <BCarroll@isdh.IN.gov>; ISDH Court Administrator

<CourtAdministrator@isdh.IN.gov>; "Snyder, Randall" <RSnyder1@isdh.IN.gov>; "Whitson, Terry" <Twhitson@isdh.IN.gov>; "Gilliland, Karen" <Karen.Gilliland@fssa.IN.gov>

Sent: Friday, January 26, 2018 3:51 PM

Subject: Assignment Acknowledgement ACL-000132-18

Good afternoon Judge Deitchman,

Please see the attached assignment acknowledgement regarding Whole Woman's Health Alliance's license application denial. Hard copy with attachment to follow via mail.

Thank you,

ROCHELLE MILLER Court Administrator Office of Legal Affairs Indiana State Department of Health 317.233.7540 office 317.234.6278 fax rocmiller@isdh.in.gov www.StateHealth.in.gov

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From:

Brune, Adrienne

Sent:

Monday, January 29, 2018 9:24 AM

To:

'Clare Deitchman'; john@johnbucy.com; Carroll, Bart

Cc:

ISDH Court Administrator

Subject:

RE: Assignment Acknowledgement ACL-000132-18

Judge Deitchman:

February 12, 2018 at 9:30 a.m. EST works for Bart and me.

Thanks,

Adrienne

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov









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From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Monday, January 29, 2018 8:55 AM

To: Brune, Adrienne <ABrune@isdh.IN.gov>; john@johnbucy.com Cc: ISDH Court Administrator <CourtAdministrator@isdh.IN.gov> Subject: Fw: Assignment Acknowledgement ACL-000132-18

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Counsel,

I have been assigned as the Administrative Law Judge (ALJ) to hear the appeal of the license denial for Whole Woman's Health Alliance. I would like to set this for a prehearing conference call for purposes of scheduling. Would the two of you be available for a brief conference call on Monday, February 12, 2018 at say at 9:30 EST which would be 8:30 (CST) (Austin Texas Time).

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Clare Deitchman

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---- Forwarded Message -----

From: "Miller, Rochelle" < RocMiller@isdh.IN.gov> To: Clare Deitchman < cdeitchmanlaw@att.net>

Cc: "Brune, Adrienne" <ABrune@isdh.IN.gov>; "Carroll, Bart" <BCarroll@isdh.IN.gov>; ISDH Court Administrator

<<u>CourtAdministrator@isdh.IN.gov</u>>; "Snyder, Randall" <<u>RSnyder1@isdh.IN.gov</u>>; "Whitson, Terry" <<u>Twhitson@isdh.IN.gov</u>>; "Gilliland, Karen" <<u>Karen.Gilliland@fssa.IN.gov</u>> **Sent:** Friday, January 26, 2018 3:51 PM

Subject: Assignment Acknowledgement ACL-000132-18

Good afternoon Judge Deitchman.

Please see the attached assignment acknowledgement regarding Whole Woman's Health Alliance's license application denial. Hard copy with attachment to follow via mail.

Thank you,

ROCHELLE MILLER Court Administrator Office of Legal Affairs Indiana State Department of Health 317.233.7540 office 317.234.6278 fax rocmiller@isdh.in.gov www.StateHealth.in.gov

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From:

Dipti Singh <dsingh@lawyeringproject.org>

Sent:

Monday, April 30, 2018 8:21 PM Brune, Adrienne; Carroll, Bart

To: Cc:

Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject:

RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for

Production Phone Call Request

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Adrienne and Bart,

Please see our responses below in red.

- The ISDH's understanding as to where the current discovery stands is as follows: With regard to the Party Requests for Production, WWHA is agreeable to the proposed modifications from the ISHD's April 20, 2018 email (attached) for Request #s 1, 2, 3, and 4. WWHA indicated it does not have documents to produce for Request # 5 except to the extent is possesses documents related to joint litigation and advocacy efforts (i.e., signage and promotional material for mutual advocacy endeavors). I believe we requested WWHA update its response accordingly. The ISDH also asked WWHA update its response to Interrogatory # 8.
- Response: You have correctly characterized our agreement with respect to Requests #1-4. With respect to Request #5, we explained our position that the Request was overly broad. There are no reasonable means, including no reasonable search terms, to search for documents in response to such a broad request. We provided, as an example, the Texas litigation in which WWHA is a co-plaintiff with nonparty entities. Producing all documents related to that case would be neither relevant nor likely to lead to the discovery of admissible evidence and unduly burdensome. Bart agreed that ISDH would not want those documents. Similarly, if a third-party e-mailed WWHA and one or more of the nonparty entities about an event or wholly unrelated issue, that email would be responsive to Request #5 even though it would shed no light on the relationship between WWHA and the nonparty entities. WWHA has agreed to produce documents responsive to requests for information regarding the absence of a relationship between WWHA and the nonparty entities.
- With regard to the Non-Party Requests, it is our understanding the Non-Parties agreed to produce the documents as listed in #1 and #2 of the ISDH's April 18, 2018 email (attached). The Non-Parties indicated they would not produce documents in response to the email's third request (surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017)). The ISDH is looking into retaining outside counsel to aide it in our Non-Party Requests, as well as other means of retrieving the documents (e.g., public records requests to the various state agencies). We're trying to determine which would better serve the ISDH.
- Response: This correctly characterizes our conversation. Please note that we explained that there are no documents responsive to Request No. 1(d).

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Monday, April 30, 2018 6:05 AM

To: Dipti Singh dsingh@lawyeringproject.org; Carroll, Bart BCarroll@isdh.IN.gov

Cc: Stephanie Toti <<u>stoti@lawyeringproject.org</u>>; Kathrine D. Jack, Jack Law Office LLC <<u>kjack@jacklawoffice.com</u>> **Subject:** RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

The ISDH's understanding as to where the current discovery stands is as follows: With regard to the Party Requests for Production, WWHA is agreeable to the proposed modifications from the ISHD's April 20, 2018 email (attached) for Request #s 1, 2, 3, and 4. WWHA indicated it does not have documents to produce for Request # 5 except to the extent is possesses documents related to joint litigation and advocacy efforts (i.e., signage and promotional material for mutual advocacy endeavors). I believe we requested WWHA update its response accordingly. The ISDH also asked WWHA update its response to Interrogatory # 8.

With regard to the Non-Party Requests, it is our understanding the Non-Parties agreed to produce the documents as listed in #1 and #2 of the ISDH's April 18, 2018 email (attached). The Non-Parties indicated they would not produce documents in response to the email's third request (surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017)). The ISDH is looking into retaining outside counsel to aide it in our Non-Party Requests, as well as other means of retrieving the documents (e.g., public records requests to the various state agencies). We're trying to determine which would better serve the ISDH.

Please let me know if you disagree on any of that.

Regards,

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 27, 2018 9:49 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Carroll, Bart < BCarroll@isdh.IN.gov>

Cc: Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com > **Subject:** RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

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Dear Bart and Adrienne,

We had one remaining item to get back to you about: the Department's request for "Operating Agreements." Subject to previously made responses and objections, each of the nonparty entities we represent will produce documents in response to this request.

Thanks very much.

Sincerely, Dipti

From: Dipti Singh

Sent: Wednesday, April 18, 2018 10:02 AM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Stephanie Toti < stoti@lawyeringproject.org>; Kathrine D. Jack, Jack Law

Office LLC <kjack@jacklawoffice.com>

Cc: Carroll, Bart <BCarroll@isdh.IN.gov>

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Thank you for the modified requests—we will review.

Tomorrow at 3:30 et works for us. We can use the below call-in information.

Phone: (605) 472-5528

Pin: 268831

Best, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov > Sent: Wednesday, April 18, 2018 8:37 AM

To: Dipti Singh < dsingh@lawyeringproject.org>; Stephanie Toti < stoti@lawyeringproject.org>; Kathrine D. Jack, Jack Law

Office LLC < kiack@jacklawoffice.com > Cc: Carroll, Bart < BCarroll@isdh.IN.gov >

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Sorry for the delay. Bart and I have been unable to meet and discuss a summary until just now. We're happy to meet tomorrow. Would a time between 1:30 and 3:30 work?

For each request to the Non Parties, we would like complete production of the requested items. In an effort to expeditiously resolve this without having to take the lengthy step of utilizing outside counsel, the ISDH is amendable to making some concessions. The ISDH is agreeable to modifying the requests as follows:

- 1. To satisfy the ISDH's requests of (1)(a), (1)(b), (1)(c), (1)(e), and (1)(g), we propose the Non Parties provide the Operating Agreements, Articles of Incorporation, and Member Lists (if any) for the Non Parties in effect from August 11, 2017 to January 3, 2018. The ISDH does not object to the Non Parties redacting information regarding how members are paid or other financial terms.
- 2. (1)(d): Any and all meeting minutes of the Non Parties' Boards of Directors regarding or mentioning Whole Woman's Health Alliance for the three-year period immediately preceding the application date (August 11, 2017). If there is not a Board of Directors for each entity, then any and all meeting minutes of its managers regarding or mentioning Whole Woman's Health Alliance for the three-year period immediately preceding the application date (August 11, 2017). This includes Whole Woman's Health Alliance under its current and former names during this time period.
- 3. (1)(h): All surveys, findings, notices, complaints, citations, warnings, and other documents alleging a violation of the rules, regulations, or laws under which any clinic which performs abortions, of any kind, and which is operated by one or more of the Non Parties that has been issued for the three-year period immediately preceding the application date (August 11, 2017).

Thank you for your consideration of the above modifications to the Non Party requests.

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Wednesday, April 18, 2018 9:47 AM

To: Brune, Adrienne < ABrune@isdh.IN.gov >; Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law

Office LLC < kiack@jacklawoffice.com > Cc: Carroll, Bart < BCarroll@isdh.IN.gov >

Subject: Re: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

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Good morning, Bart and Adrienne.

I am writing to postpone our call until tomorrow. We haven't yet received the summary of what you'd like to discuss with respect to the nonparty requests and a phone call would be most productive after we have had an opportunity to review and consider your outstanding discovery issues. Could you email us the summary today and speak with us tomorrow afternoon ET instead?

Thanks very much.

Sincerely,

Dipti Singh*
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Admitted to practice in California

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From: Dipti Singh

Sent: Tuesday, April 17, 2018 10:10:26 AM

To: Brune, Adrienne; Stephanie Toti; Kathrine D. Jack, Jack Law Office LLC

Cc: Carroll, Bart

Subject: RE: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good afternoon.

We are available at 12 pm et tomorrow. As we discussed yesterday, if you could send us a summary of the issues you'd like to discuss in advance of the call, we would appreciate it. We can use the below call-in information for the call:

Phone: (605) 472-5528

Pin: 268831

Thanks very much.

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Tuesday, April 17, 2018 7:45 AM

To: Stephanie Toti < stoti@lawyeringproject.org >; Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Dipti

Singh <<u>dsingh@lawyeringproject.org</u>> **Cc:** Carroll, Bart <BCarroll@isdh.IN.gov>

Subject: Whole Woman's Health Alliance (ACL-000132-18) Non-Party Requests for Production Phone Call Request

Good morning:

Bart and I would like to set up a phone call to discuss the ISDH's Non-Party Requests for Production. Are you available tomorrow afternoon for a call? It looks like both of our afternoons are open, so whatever time works for you all, we can be available.

ADRIENNE BRUNE

Attorney Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov





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From:

Carroll, Bart

Sent:

Friday, April 13, 2018 5:07 PM

To:

Dipti Singh; Brune, Adrienne; Stephanie Toti; john@johnbucy.com; Kathrine D. Jack, Jack

Law Office LLC

Subject:

RE: ACL-000132-18

Thank you so much. That time (3:45 est) will work great. We would appreciate you circulating a call in number for the call.

Sincerely,

BART CARROLL, JD Litigation Chief

Office of Legal Affairs Indiana State Department of Health 317.233.7766 office 317.234.6278 fax bcarroll@isdh.in.gov www.StateHealth.in.gov









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From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 13, 2018 2:54 PM

To: Brune, Adrienne <ABrune@isdh.IN.gov>; Carroll, Bart <BCarroll@isdh.IN.gov>; Stephanie Toti

<stoti@lawyeringproject.org>; john@johnbucy.com; Kathrine D. Jack, Jack Law Office LLC <kjack@jacklawoffice.com>

Subject: Re: ACL-000132-18

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Adrienne,

Good afternoon. We are available at 3:45 et on Monday. Please let us know if you have a call in number you'd like to use. If not, I can circulate one.

Thanks very much.

Best,

Dipti

Dipti Singh* Senior Counsel & Strategy Director Lawyering Project 811 W. 7th St., 12th floor Los Angeles, CA 90017 Phone: (646) 480-8973

Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Admitted to practice in California

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From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Friday, April 13, 2018 6:48:35 AM

To: Dipti Singh; Carroll, Bart; Stephanie Toti; john@johnbucy.com; Kathrine D. Jack, Jack Law Office LLC

Subject: ACL-000132-18

Good morning:

Bart and I were hoping we could schedule a phone call on Monday to discuss discovery responses. I realize we're dealing with different time zones, so we can be flexible. Do you have availability Monday afternoon for a call?

Thanks,

Adrienne

ADRIENNE BRUNE Attorney

Agency Ethics Officer

Office of Legal Affairs Indiana State Department of Health 317.233.7270 office 317.233.7143 fax abrune@isdh.in.gov www.StateHealth.in.gov









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From:

Dipti Singh <dsingh@lawyeringproject.org>

Sent:

Thursday, April 05, 2018 10:24 PM

To:

Carroll, Bart; Brune, Adrienne

Cc: Subject: Stephanie Toti; Kathrine D. Jack, Jack Law Office LLC Whole Woman's Health Alliance v. Indiana State Department of Health, Cause No.

ACL-000132-18 - Email 1 of 2

Attachments:

Petitioner's Responses and Objections to Respondent's First Set of Requests for

Production.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Bart and Adrienne,

Please see attached Petitioner's Responses and Objections to Respondent's First Set of Requests for Production in the above-captioned matter. Documents Bates numbered WWHA000001-WWHA001521 will follow in a second e-mail. Please note that the attached contain material designated as confidential and/or trade secrets.

Sincerely,

Dipti Singh*

(Pronouns: she, her)

Senior Counsel & Strategy Director

Lawyering Project

811 W. 7th St., 12th floor

Los Angeles, CA 90017

Phone: (646) 480-8973 Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Licensed in California

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STATE OF INDIANA)) SS:	BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH
COUNTY OF MARION)	CAUSE NO. ACL-000132-18
	,	CAUGE HOLINGE GOVIED IN
WHOLE WOMAN'S HEALTH)	
ALLIANCE,)	
)	
Petitioner,)	
v.)	
)	
INDIANA STATE DEPARTMENT)	
OF HEALTH)	
)	
Respondent.)	
)	
)	

PETITIONER'S RESPONSES AND OBJECTIONS TO RESPONDENT'S FIRST SET OF REQUESTS FOR PRODUCTION

Pursuant to Rules 26 and 34 of the Indiana Rules of Trial Procedure, Petitioner Whole Woman's Health Alliance ("Petitioner"), by and through its undersigned counsel, hereby objects and responds to Respondent Indiana State Department of Health's ("Respondent's") First Request for Production, served on Petitioner on February 26,2018 (the "Requests").

These responses are true and correct, so far as Petitioner is aware, according to information available at the time. Petitioner reserves the right to object to future discovery on the same or related matters and does not waive any objections by providing the documents referenced in these responses. Petitioner further reserves the right to object to the admissibility of any of its responses or any of the documents produced in response to Respondent's Requests, in whole or in part, at the hearing in this action, on any grounds, including, but not limited to, materiality, relevance, and privilege. Furthermore, a statement that documents will be produced

in response to a particular request does not mean that Petitioner knows such documents exist or are in its possession; it means only that if such documents exist, are in Petitioner's possession, are subject to discovery in this action, and can be located in a reasonable search of the most likely repositories of responsive documents, they will be produced.

OBJECTIONS TO INSTRUCTIONS

1. Petitioner specifically objects to Instruction Number 1 as naming nonparties to the case, including Petitioner's attorneys, thereby purporting to seek (i) documents not within the Petitioner's possession, custody, or control, and (ii) documents subject to the attorney-client and work product privileges. The Petitioner objects to producing, and will not produce, documents not within its possession, custody, or control, in response to any Request. The Petitioner further objects to producing, and will not produce in response to any Request, any confidential documents prepared by its attorneys for or in anticipation of litigation, any privileged communications between itself and its attorneys, or any communications among the Petitioner's attorneys, except to the extent discovery is permitted by the Indiana Rules of Trial Procedure. To the extent that any privileged information is inadvertently provided in these responses or any documents produced, such provision shall not constitute waiver of the privilege or immunity as to any such information and Respondent shall promptly return or destroy copies of any such information upon request.

OBJECTIONS TO DEFINITIONS

Petitioner specifically objects to the Definitions to the extent they purport to impose a burden
or obligation beyond those required or permitted by the Indiana Rules of Trial Procedure or
other applicable law.

GENERAL OBJECTIONS

Each of the following individual Request responses is made subject to and incorporates the following general objections.

- Petitioner objects to the Requests to the extent that they seek to impose a burden or
 obligation beyond those required or permitted by the Indiana Rules of Trial Procedure, other
 applicable law, or any orders of the Administrative Law Judge.
- Petitioner objects to the Requests to the extent they seek information already available to Respondent.
- Petitioner objects to each of the Requests to the extent that they call for the production of documents that contain confidential or proprietary business information.
- 4. Petitioner objects to each of the Requests to the extent that they call for the production of documents that are protected by any privilege or immunity.

OBJECTIONS AND RESPONSES TO RESPONDENT'S FIRST SET OF REQUESTS FOR PRODUCTION TO PETITIONER

Subject to the foregoing objections, which are incorporated into each response whether or not repeated for emphasis, the Petitioner responds to each Request as follows:

REQUEST NO. 1: Copies of all records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and other documents and electronic records with any information concerning potential conflicts of interest of any member of the Board of Directors.

RESPONSE NO. 1:

Petitioner objects to this Request to the extent it purports to require production of "all" documents and things without limitation (including as to subject matter, materiality, or

accessibility), as overly broad and unduly burdensome. Petitioner also objects to the vagueness and ambiguity of the undefined term "potential conflicts," as it fails to make apparent the subject matter of this Request. Petitioner objects that the Request is not stated with reasonable particularity in that it fails to identify the categories or types of information sought. As a result, it is unclear what type or types of information Respondent seeks. Petitioner objects that the Request for "potential conflicts," which calls for the production of documents that contain confidential or proprietary business information with no limitation or other specificity as to scope, is overly broad, unduly burdensome, oppressive, neither relevant to the subject matter of the pending action nor reasonably calculated to lead to the discovery of admissible evidence regarding any party's claim or defense, and appears to be designed to harass or otherwise cause undue, unnecessary, immaterial, and irrelevant expenditure of Petitioner's time and resources. Petitioner's decision to exercise its legal right to seek review of Respondent's denial of Petitioner's application for a license to operate an abortion clinic does not entitle Respondent to use discovery as a fishing expedition into Petitioner's business records.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 2: Copies of every document and record of any kind identified in the Indiana State Department of Health's *First Set of Interrogatories* to Whole Woman's Health Alliance, Interrogatory No. 8.

RESPONSE NO. 2:

Petitioner objects to the vagueness and ambiguity of this Request, as it fails to make apparent the scope of information sought. Subject to the forgoing objections, Petitioner hereby produces documents responsive to this Request that are Bates numbered WWHA000001-000041.

REQUEST NO. 3: A copy of each and every operating agreement, member agreement, or any other agreement between members concerning the LLC of Whole Woman's Health Alliance which the organization operated under at any time for the period from January 1,2016 through December 31, 2017.

RESPONSE NO. 3:

Petitioner objects to the vagueness and ambiguity of this Request with respect to the term "members." Petitioner also objects that this Request is unintelligible with respect to the phrase "concerning the LLC of Whole Woman's Health Alliance which the organization operated under." Furthermore, Petitioner is a nonprofit entity and does not have "members" or an "operating agreement." To the extent this Request seeks organizational documents concerning Whole Woman's Health, LLC, Whole Woman's Health, LLC is a separate legal entity and any organizational documents of Whole Woman's Health, LLC are in its possession, custody, or control. It is unclear what documents Respondent seeks in response to this Request.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 4: All meeting minutes of the Board of Directors for the period from January 1, 2016 through December 31, 2017.

RESPONSE NO. 4:

Petitioner objects that the Request is not stated with reasonable particularity in that it fails to identify the categories or types of information sought within Petitioner's Board of Director meeting minutes. Petitioner objects that the Request for "all [Board of Director] meeting minutes," without limitation (including as to subject matter or materiality) or other specificity as to scope, is overly broad, unduly burdensome, oppressive, neither relevant to the subject matter of the pending action nor reasonably calculated to lead to the discovery of admissible evidence regarding any party's claim or defense, and appears to be designed to harass or otherwise cause undue, unnecessary, immaterial, and irrelevant expenditure of Petitioner's time and resources. Petitioner's decision to exercise its legal right to seek review of Respondent's denial of Petitioner's license to operate an abortion clinic does not entitle Respondent to use discovery as a fishing expedition into Petitioner's business records. Petitioner further objects to this request because it calls for the production of confidential and proprietary business information, and Respondent has informed us that it will disclose this information to members of the public upon request. Petitioner objects to the vagueness and ambiguity of this Request to the extent it fails to make apparent the scope of the information sought. Petitioner objects to this Request to the extent that it seeks documents protected from disclosure by the attorney-client privilege, work product doctrine, or any other applicable privilege or immunity.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared

to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 5: All memoranda, interoffice communications, records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and other documents and electronic records of Whole Woman's Health Alliance which refers to and/or otherwise mentions any of the following LLC organizations: Whole Woman's Health of McAllen, LLC; Whole Woman's Health of San Antonio, LLC; Whole Woman's Health of Fort Worth, LLC; Whole Woman's Health of the Twin Cities, LLC; Whole Woman's Health of Peoria, LLC; Whole Woman's Health of Beaumont, LLC; and Whole Woman's Health of Baltimore, LLC.

RESPONSES NO. 5:

Petitioner objects to this Request to the extent it purports to require production of "all" memoranda, interoffice communications, records, notes, correspondence, emails, written communication, minutes, reviews, memorandum, voice mail recordings, other audio recordings, and unspecified classes of "other documents," without limitation (including as to subject matter, materiality, or accessibility), as vague, overbroad, and unduly burdensome. Petitioner objects that the Request does not describe the documents and things sought with reasonable particularity to enable Petitioner to make a reasonable search. Petitioner further objects to this Request to the extent it seeks documents and things that "refer to and/or otherwise mention" the enumerated entities without limitation (including as to subject matter, materiality, or accessibility), as vague, overbroad, unduly burdensome, disproportional to the needs of the case, and because it purports to require production of documents and things without any limitation as to the subject matter of the above-captioned administrative appeal. Petitioner further objects to this Request because it

calls for the production of confidential and proprietary business information, and Respondent has informed us that it will disclose this information to members of the public upon request.

Petitioner also objects to this Request to the extent that it seeks documents protected from disclosure by the attorney-client privilege, work product doctrine, or any other applicable privilege or immunity.

Based on the foregoing objections, Petitioner has not produced any documents in response to this Request. Without waiving any of the forgoing objections, Petitioner is prepared to meet and confer with Respondent to ascertain whether agreement could be reached on production of documents that are properly discoverable.

REQUEST NO. 6: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Baltimore is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 6:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner hereby produces non-privileged documents responsive to this Request that are Bates numbered WWHA000042-WWHA000058.

REQUEST NO. 7: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Peoria is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 7:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 8: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Twin Cities is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 8:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 9: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of Fort Worth is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 9:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the

Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 10: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would tend to show that Whole Woman's Health of McAtlen is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 10:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 11: Provide copies of any and all documents and records not otherwise provided in these discovery requests and which the Facility or its representatives allege would

tend to show that Whole Woman's Health of San Antonio is not an affiliate of Whole Woman's Health Alliance.

RESPONSE NO. 11:

Petitioner objects to this Request to the extent it purports to require production of "any and all" documents, without limitation (including as to subject matter, materiality, or accessibility) as overbroad and unduly burdensome. Petitioner objects to the Request as vague, ambiguous, unintelligible, and unduly burdensome to the extent it requires documents and records to indicate or establish a negative. Petitioner objects to the vagueness and ambiguity of the phrase "tends to show." Petitioner objects to the vagueness and ambiguity of the phrase "the Facility," which is not defined. Petitioner further objects to this Request to the extent it seeks documents and records not in Petitioner's possession, custody, or control.

Subject to the foregoing objections, Petitioner states that following a reasonable search, it has not identified any documents or records responsive to this Request that Petitioner has not already provided in Response No. 6.

REQUEST NO. 12: All documents referred to in responding to the Department's First Set of Interrogatories.

RESPONSE NO. 12:

Petitioner objects to this Request as overly broad, unduly burdensome, vague, ambiguous, and not reasonably specific insofar as it requests documents "referred to" in responding to the Respondent's interrogatories. Petitioner objects to this Request to the extent it seeks documents protected by attorney-client privilege or the attorney work product doctrine. Petitioner further objects to the Request to the extent it seeks confidential and proprietary information.

Petitioner states that all non-privileged documents that are responsive to this Request have been produced in response to prior requests.

REQUEST NO. 13: Any remaining documents that are relevant to the issues presented in the above-captioned administrative hearing.

RESPONSE NO. 13:

Petitioner objects to this Request to the extent it seeks documents protected from disclosure by any applicable privilege or immunity. Petitioner objects to this Request to the extent it seeks all remaining relevant documents, as Petitioner can only provide those documents of which it is aware. Petitioner objects to this Request because it is premature, as discovery in this matter is ongoing and Respondent has not yet responded to Petitioner's discovery requests. Petitioner also objects to this Request to the extent it seeks documents outside the possession, custody, or control of Petitioner.

Subject to the foregoing objections. Petitioner hereby produces non-privileged documents responsive to this Request that are Bates numbered WWHA000059 WWIIA001521.

REQUEST NO. 14: Produce the resume or curriculum vitae of each person you plan to call as an expert witness in this matter.

RESPONSE NO. 14:

Petitioner objects to this Request as premature and expressly reserves the right to supplement, clarify, revise, or correct this response. Subject to the foregoing objections.

Petitioner states that all the present time there are no documents responsive to this Request.

Respectfully Submitted,

Dipti Singh, Att'y No. 6344-95-TA Lawyering Project 811 W. 7th Street, 12th floor Los Angeles, CA 90017 (646) 480-8973 dsingh(@]awyeringproject.org

Stephanie Toti, Att'y No. 6343-95-TA Lawyering Project 25 Broadway, 9th floor New York, NY 10004 (646) 490-1083 stoti@lawyeringproject.org Kathrine D. Jack (By Dipti Singh)
Kathrine D. Jack, Att'y No. 26851-49

JACK LAW OFFICE LLC
One Courthouse Plaza
P.O. Box 813
Greenfield, IN 46140
(317) 477-2300

kjack@jacklawoffice.com

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing has been served on counsel of record for Respondent, listed below, by e-mail, on April 5, 2018.

Bart Carroll
Adrienne Brune
Office of Legal Affairs
Indiana State Department of Health
2 North Meridian
Indianapolis, IN 42604
(317) 233-7766
BCarroll@isdh.IN.gov
ABrune@isdh.IN.gov

/s/Dipti Singh
Lawyering Project
811 W. 7th Street, 12th floor
Los Angeles, CA 90017
(646) 480-8973
dsingh@lawyeringproject.org

	•	
		•

From:

Brune, Adrienne

Sent:

Friday, April 06, 2018 10:46 AM

To:

'Clare Deitchman'

Cc:

ISDH Court Administrator

Subject:

RE: Whole Woman's Health Alliance

Yeah, I believe we scheduled it during the first PHC.

From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Friday, April 06, 2018 10:45 AM
To: Brune, Adrienne <ABrune@isdh.IN.gov>

Cc: ISDH Court Administrator < Court Administrator@isdh.IN.gov>

Subject: Re: Whole Woman's Health Alliance

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Okay, thanks. I wonder if we just did it during the prior call. I will get notices drafted and out today. I will be bringing the ISDH mail over early afternoon. Clare

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From: "Brune, Adrienne" < ABrune@isdh.IN.gov>
To: Clare Deitchman < cdeitchmanlaw@att.net>

Cc: ISDH Court Administrator < CourtAdministrator@isdh.IN.gov>

Sent: Friday, April 6, 2018 10:40 AM

Subject: RE: Whole Woman's Health Alliance

Good morning:

I have it on my calendar for 4/17 at 9:30 a.m. I don't have a Notice of a 2nd PHC in my file, I don't recall getting one either.

Adrienne

From: Clare Deitchman [mailto:cdeitchmanlaw@att.net]

Sent: Friday, April 06, 2018 10:37 AM

To: Brune, Adrienne < ABrune@isdh.IN.gov>

Cc: ISDH Court Administrator < CourtAdministrator@isdh.IN.gov>

Subject: Re: Whole Woman's Health Alliance

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Adrienne,

Sorry I hit enter before I was done typing my question.

I have the above matter on my calendar for April 17, 2018 but no time. I don't see that I have sent it for a second prehearing conference call, and not sure what we are doing other than waiting for the temporary admissions to be granted.

Do you have this on your calendar? If not, I am going to have to send out some thing to get this moving along.

Clare

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From: Clare Deitchman < cdeitchmanlaw@att.net>

To: Adrienne Brune <abrune@isdh.in.gov>

Cc: ISDH Court Administrator < courtadministrator@isdh.in.gov>

Sent: Friday, April 6, 2018 10:34 AM Subject: Whole Woman's Health Alliance

ACL-000132-18

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Brune, Adrienne

From:

Kathrine D. Jack, Jack Law Office LLC <kjack@jacklawoffice.com>

Sent:

Monday, April 09, 2018 12:14 PM

To:

Brune, Adrienne; Dipti Singh; Carroll, Bart

Cc:

Stephanie Toti

Subject:

RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No.

ACL-000132-18

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Hello Adrienne,

We are willing to allow an extension until Wednesday to respond the Interrogatories, but won't agree to any further extensions.

Thank you! Kathrine Jack

Jack Law Office LLC
One Courthouse Plaza
Greenfield Chamber of Commerce Building
Post Office Box 813
Greenfield, IN 46140

Office: 317-477-2300 Fax: 317-515-6377 kjack@jacklawoffice.com www.jacklawoffice.com

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----- Original Message -----

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department

of Health, Case No. ACL-000132-18

From: "Brune, Adrienne" <ABrune@isdh.IN.gov>

Date: Mon, April 09, 2018 9:21 am

To: Dipti Singh <dsingh@lawyeringproject.org>, "Carroll, Bart"

<BCarroll@isdh.IN.gov>

Cc: "Kathrine D. Jack, Jack Law Office LLC" <kjack@jacklawoffice.com>,

Stephanie Toti <stoti@lawyeringproject.org>

Good morning, Dipti:

I apologize for the confusion. I was greeted this morning with several bounced back emails due to size. I am resending in the next five (5) emails. Please let me know if you do not receive the following five (5) emails not including this email.

Additionally, my client has asked that I request additional time for him to review the Interrogatories. We would like until Wednesday at the latest. Please let me know if that is an issue. I, again, apologize for the delay.

Thank you,

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.orq]

Sent: Friday, April 06, 2018 8:58 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov >; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti < stoti@lawyeringproject.org >

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Adrienne,

I did not receive the 4:33 PM email included in the chain below. Could you resend it, please?

Also, we are in receipt of two documents that were sent as attachments: (1) Respondent's Response to the Requests and (2) a document entitled "RFP #13." Could you confirm that those are the only two documents you emailed us today? If we are missing any documents that you emailed today, could you please resend?

Thanks very much.

Sincerely, Dipti

From: Brune, Adrienne < ABrune@isdh.IN.gov>

Sent: Friday, April 6, 2018 1:40 PM

To: Dipti Singh < dsingh@lawyeringproject.org; Carroll, Bart

<<u>BCarroll@isdh.IN.gov</u>>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti < stoti@lawyeringproject.org >

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

And lastly, attached is Respondent's Response to the Requests. Please let me know if you have any difficulty opening these.

Adrienne

From: Brune, Adrienne

Sent: Friday, April 06, 2018 4:33 PM

To: 'Dipti Singh' < dsingh@lawyeringproject.orq >; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: 'Kathrine D. Jack, Jack Law Office LLC' < kjack@jacklawoffice.com >;

'Stephanie Toti' < stoti@lawyeringproject.org >

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Good afternoon:

This is email 1 of 2 containing Respondent's Responses to Petitioner's First Request for Production of Documents.

Thanks!

Adrienne

From: Brune, Adrienne

Sent: Friday, April 06, 2018 3:15 PM

To: 'Dipti Singh' <dsingh@lawyeringproject.org>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Thanks, Dipti. Have a great weekend!

Adrienne

From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, April 06, 2018 2:42 PM

To: Brune, Adrienne <ABrune@isdh.IN.gov>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie

Toti <stoti@lawyeringproject.org>

Subject: Re: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

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Good afternoon, Adrienne. Understood.

Sincerely, Dipti

Dipti Singh*
Senior Counsel & Strategy Director
Lawyering Project
811 W. 7th St., 12th floor
Los Angeles, CA 90017
Phone: (646) 480-8973
Fax: (646) 480-8828
dsingh@lawyeringproject.org

*Admitted to practice in California

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From: Brune, Adrienne < ABrune@isdh.IN.gov >

Sent: Friday, April 6, 2018 11:29:23 AM

To: Carroll, Bart; Dipti Singh

Cc: Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of

Health, Case No. ACL-000132-18

Good afternoon:

I'm finalizing the ISDH's Responses to the First Request for Production and will have those to you shortly. Our Interrogatories are awaiting signature with our Chief of Staff, who will need to verify and sign before we can send. He's locked in back-to-back meetings right now, and won't be able to get to review and sign by COB today. We will get the Interrogatory responses to you as soon as it's signed on Monday.

Thanks,

Adrienne

From: Carroll, Bart

Sent: Monday, April 02, 2018 10:30 AM

To: Dipti Singh <<u>dsingh@lawyeringproject.org</u>>; Brune, Adrienne

<<u>ABrune@isdh.IN.gov</u>>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie Toti < stoti@lawyeringproject.org >

Subject: RE: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

Understood. Also, as discussed by telephone, we will have ISDH's responses out on Friday, April 6th.

BART CARROLL, JD

Litigation Chief

Office of Legal Affairs
Indiana State Department of Health
317.233.7766 office
317.234.6278 fax
bcarroll@isdh.in.gov
www.StateHealth.in.gov









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From: Dipti Singh [mailto:dsingh@lawyeringproject.org]

Sent: Friday, March 30, 2018 3:16 PM

To: Brune, Adrienne < ABrune@isdh.IN.gov>; Carroll, Bart

<BCarroll@isdh.IN.gov>

Cc: Kathrine D. Jack, Jack Law Office LLC < kjack@jacklawoffice.com >; Stephanie Toti < stoti@lawyeringproject.org >

Subject: Re: Whole Woman's Health Alliance v. Indiana State Department of Health, Case No. ACL-000132-18

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Dear Bart and Adrienne,

I am following up to request additional time, until Thursday, April 5, to respond to Respondent's First Request for Production.

Sincerely,

Dipti Singh*

Senior Counsel & Strategy Director Lawyering Project 811 W. 7th St., 12th floor Los Angeles, CA 90017

Phone: (646) 480-8973 Fax: (646) 480-8828

dsingh@lawyeringproject.org
*Admitted to practice in California

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From: Dipti Singh

Sent: Wednesday, March 28, 2018 7:43:44 PM

To: Brune, Adrienne; Carroll, Bart

Cc: Kathrine D. Jack, Jack Law Office LLC; Stephanie Toti

Subject: Whole Woman's Health Alliance v. Indiana State Department of Health,

Case No. ACL-000132-18

Dear Bart and Adrienne,

Attached please find Petitioner's Responses and Objections to Respondent's First Set of Interrogatories in the above-captioned matter.

As we discussed by phone this afternoon, we will be in touch with respect to Petitioner's response to Respondent's First Request for Production by Monday, April 2, at the latest. Thank you.

Sincerely,

Dipti Singh*

(Pronouns: she, her)

Senior Counsel & Strategy Director

Lawyering Project

811 W. 7th St., 12th floor

Los Angeles, CA 90017

Phone: (646) 480-8973 Fax: (646) 480-8828

dsingh@lawyeringproject.org

*Licensed in California

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	•		•		
		•			
-					

Brune, Adrienne

From:

Brune, Adrienne

Sent:

Wednesday, March 28, 2018 1:07 PM

To:

'etstecker@earthlink.net'

Subject:

Whole Woman's Health Alliance

Attachments:

WWHA SB App Denial Ltr 01.03.18.pdf

Dr. Stecker:

Attached is the Notice of License Application Denial issued January 3, 2018.

Thank you,

ADRIENNE BRUNE

Attorney Agency Ethics Officer

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Brune, Adrienne

From:

Snyder, Randall

Sent:

Wednesday, January 03, 2018 11:21 AM

To:

Brune, Adrienne

Subject:

Attachments:

FW: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH")

to Deny the Abortion Clinic Application of Whole Women's Health Alliance ("WWHA")

Ltr.to.ISDH.AG.&.Holcomb.re.legally.deficient.WWHA.app.for.clinic_01-01-18.pdf; Pages from Ltr.to.ISDH.AG.&.Holcomb.EXHIBITS.1.through.6.for.Legal.Opinion_01-01-18-3.pdf

RANDY SNYDER, PT, MBA

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From: Shawn Sullivan [mailto:sullyatlaw@sbcglobal.net]

Sent: Wednesday, January 03, 2018 11:10 AM

To: Box, Kristina M <KBox@isdh.IN.gov>; Snyder, Randall <RSnyder1@isdh.IN.gov>

Cc: Shawn Sullivan <sullyatlaw@sbcglobal.net>

Subject: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH") to Deny the Abortion Clinic

Application of Whole Women's Health Alliance ("WWHA")

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Kristina Box, MD < KBox@isdh.in.gov> Randall Snyder < rsnyder1@isdh.in.gov>

Please find attached a legal letter concerning the above referenced matter. Given the holiday, I just now received approval for the letter from the last of my growing list of represented parties in this matter.

And please be aware that the parties I represent are resolved to fight this matter until the goal is accomplished -- defending against the placement of a new violation-prone abortion clinic in South Bend.

I believe its contents are self-explanatory, but I still encourage you to call me to discuss the matter.

Note that Exhibits 7 through 16, due to their size, will arrive in a separate email, to immediately follow this one.

A hard copy will be provided to you via Federal Express or hand delivery. If you desire to receive it by fax, please provide your facsimile number.

Sincerely,

/s/ Shawn Sullivan

S. F. SULLIVAN, ATTORNEY AT LAW, LTD. 1717 East Wayne Street South Bend, IN 46615

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January 1, 2018 Solemnity of the Mother of God

URGENT via Priority Mail, Email, and Facsimile

The Honorable Kristina Box via kbox@isdh.in.gov and Indiana State Department of Health State Health Commissioner 2 North Meridian Street, 4A Indianapolis, IN 46204

Randall Snyder
via rsnyder1@isdh.in.gov and
Indiana State Department of Health
Director of Acute Care Division
2 North Meridian Street
Indianapolis, IN 46204

Re: Notice of the Legal Obligation of the Indiana State Department of Health ("ISDH") to Deny the Abortion Clinic Application of Whole Women's Health Alliance ("WWHA")

Dear Dr. Kristina Box:

I write in opposition to the application of WWHA (a Texas Corporation), to operate an abortion clinic in South Bend, and I write on behalf of a number of similarly situated Indiana groups and citizens, including The Life Center of South Bend, TLC Advocates, 40-Days-for-Life, South Bend, Inc., Hoosiers for Life, Indiana Liberty Coalition, Madalyn's Hope, the Apostolate of Divine Mercy in Service of Life, Marriage and the Family, and the abortion-mothers who were denied their informed consent due to the ISDH's failure to properly regulate the Women's Pavilion in South Bend.

Be advised that in addition to the notice supplied in this letter, the parties represented herein are again launching the "Answer the C.A.L.L. (Citizens Against Licensing the Lawless)" campaign to urge the ISDH to consider all of the evidence concerning WWHA's reputation and history of violations when applying Indiana's laws related to the licensing of abortion clinics. The need for another "Answer the C.A.L.L." campaign is highlighted by ISDH's recent failure to properly regulate the Women's Pavilion in South Bend, enabling that clinic to illegally operate for years while leaving a trail of victimized mothers and families (as evidenced below). The undersigned will be representing any additional groups or persons that are interested in signing-on to the campaign to enforce their rights against the inaction and transgressions of ISDH.

I. Executive Summary: ISDH's Obligation Is To Deny WWHA's Application.

The application of the Texas abortion chain, WWHA, must be denied per I.C. 16-21-2-11(a)(1) and and 40 I.A.C. 26-2-5(1) because WWHA's history of violations at all of its abortion clinics demonstrates that it is "not of reputable and responsible character," and WWHA's application contains evidence that it is on course to mirror the illegal operations of the Women's Pavilion in regards to its administering of RU486. That WWHA will not comply with Indiana's laws is substantiated by its past history of significant violations in other states as well as the Texas applicant's brazen choice for the same "Administrator" who operated the Women's Pavilion during the numerous violations of the law cited herein, including the systematic denial

of informed consent to scores of Indiana mothers. This reckless decision is exacerbated by the plans of WWHA to utilize an itinerant physician with no support system in place in South Bend, a point recently raised by local physicians (discussed below). A reasonable presumption, then, is that WWHA will not comply with Indiana's laws. If the Indiana legislative mandates are to matter, such as I.C. 16-21-2-11(a)(1), and, if 40 I.A.C. 26-2-5(1) is to have any utility, WWHA's application must be denied.

For ISDH to approve the Texas-based abortion clinic would impose great cost on the citizens of Indiana - hundreds of thousands of dollars on surveys and enforcement actions, it would greatly increase the violations of Indiana's laws (which are currently not occurring at all in Northern Indiana). Additionally, as transcribed at a County Council meeting last week, emergency rooms and OBGYN offices will be taxed dealing with the complications that result from the medical abortion process, including being forced to negotiate the treatment when there is still a live unborn child as a result of a botched medical abortion. Based on the local physicians' experience with Women's Pavilion, the circumstances surrounding WWHA's application, with only medical abortions being performed and the itinerant abortionist being out of town, the impact on the South Bend medical community could be significant.

ISDH's approval of WWHA's application would likewise victimize Indiana mothers who are currently being assisted by the numerous crisis pregnancy organizations. Mothers facing a crisis pregnancy in Northern Indiana have a plentitude of complete resources readily available to them such as adoption, medical, financial, or legal assistance, and shelter from homelessness or domestic violence, to support them and their unborn child. Moreover, for the mother who still desires an abortion, there is no undue burden placed on her as she can get an abortion at Planned Parenthood of Merrillville, Indiana, which is only 65 miles from South Bend, and she can consult with Planned Parenthood of Mishawaka, a couple miles from South Bend.

Accordingly, given the legal deficiencies of WWHA's application as well as the costs and other harms that would be inflicted on Indiana's citizenry, approval of WWHA's application would be arbitrary, capricious, and an abuse of discretion.² An abortion clinic in South Bend, to be had at such great expense, when it is not needed by the mothers in South Bend, is simply not mandated by the law. There is no legal basis – neither constitutionally, statutorily, or

At a minimum, WWHA's hiring of the Women's Pavilion's past "Administrator" demonstrates a disregard for its reputation as well as its responsibility to comply with Indiana laws. Even if WWHA argues that it does not intend to systematically violate Indiana's laws governing abortions as the Women's Pavilion did, its negligent choice of Women's Pavilion's "Administrator" shows that WWHA is not "responsible."

² By referencing the "arbitrary, capricious and abuse of discretion" rule, the undersigned is using shorthand for the full standard of obtaining judicial relief when a person has been prejudiced by an agency, which, in this case would entail showing that the ISDH's decision was (1) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (2) contrary to constitutional right, power, privilege, or immunity; (3) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (4) without observance of procedure required by law; or (5) unsupported by substantial evidence. I.C. § 4-21.5-5-14(d). To be clear, this would not be the only relevant standard for seeking the relief available to the class of injured Hoosiers, but it will play a role.

regulatorily - that compels ISDH to approve WWHA's application. Indeed, to approve of WWHA's application, under these conditions, would also signify ISDH's refusal to take note of the Indiana legislature's previous finding that the protection of unborn children is a compelling state interest. Thus, there is no rational basis for ISDH to spurn the desires of the Indiana citizenry by obligating Indiana taxpayers to fund the regulation of another violation-prone abortion clinic.

ISDH's Past Performance in Regulating the Women's Pavilion in South Bend II. Undercut the Laws of Indiana and Proved to be Overly Costly and Ineffective.

Acknowledging that the ISDH has experienced turnover in personnel over the past year, including at its helm, the following recitation of history is provided regarding the ISDH and its relationship with the Indiana pro-life groups and individuals that are taking a stand against the licensing of lawless abortion clinics/abortionists. It is also highly relevant to the current inquiry and the necessity of the applicant to be "of reputable and responsible character."

The entirety of the laborious history between Women's Pavilion and ISDH need not be reiterated here; a summary of that recent history will suffice to make the necessary point that Indiana cannot afford to re-visit this scenario. The surveys by ISDH, stretched out to be conducted only biennially (much to a rogue abortion clinic's advantage), continually led to voluminous citations against Women's Pavilion, including informed consent violations and practices that were harmful to a woman's health. (See 2010, 2012, and 2014 Survey Reports) These then led to enforcement actions, i.e., agreements, handled by ISDH personnel and sometimes the Attorney General's office. Furthermore, during this same time period, Women's Pavilion was prosecuted for failing to comply with statutory reporting violations, taxing local prosecutors and Indiana's judicial system.

This significant waste of taxpayer monies, due to ISDH's inappropriate licensing of irresponsible applicants, is only part of the damage done to Indiana's citizenry. Mothers, presumptively protected by the laws in place, are also harmed when abortionists and abortion clinics are able to take advantage of ISDH's willingness to license clinics that are not "reputable and responsible." It was three years ago to the day (and just months after the 2014 Survey Inspection) that the undersigned was hired to enforce Indiana' informed consent law against Women's Pavilion, given the complaint of a mother who was given the first pill of the medical abortion process without informed consent. The affidavit of that mother who is still mourning to this day is attached hereto as Exhibit 1 and demonstrates what vigilant pro-lifers assumed was the case in 2014 -- that Women's Pavilion was performing medical abortions without the informed consent of the mothers seeking counseling on abortion.

That the Women's Pavilion's violation of the informed consent law was systemic was confirmed with more evidence procured by the vigilante efforts of TLC Advocates. For

The enforcement of the pro-life laws of Indiana in regards to abortion clinics was placed solely with ISDH who "shall make all . . . inspections in response to an alleged breach of this chapter or rules adopted under this chapter." I.C. 15-21-1-10(a); see also I.C. 16-21-2-2.5; see also I.C. 16-21-2-2.5, 2.6.

instance, a statement by one of TLC Advocates, provided to the ISDH, testified to a telephone conversation with the Women's Pavilion staff wherein the administration admitted that they would perform a medical abortion without informed consent. When the ISDH failed to act upon this complaint, another TLC Advocate telephoned Women's Pavilion and audiotaped the conversation wherein the Women's Pavilion administration again admitted that they performed medical abortions without Indiana's informed consent laws. Even with this accumulating and momentous evidence, ISDH did not act, and the number of informed consent violations grew.

This recalcitrance by the ISDH to enforce the informed consent law, and ISDH's intentions to settle past violations of the Women's Pavilion – such intentions being normal for ISDH but being discovered only through a document request⁴ – inspired a coalition of Indiana pro-life groups to launch the "Answer the C.A.L.L." campaign on Ash Wednesday of 2015. (See 2/17/15 Press Release as Exhibit 2, attached hereto) Thousands of signatures were gathered, protests were held, the legal case to force the enforcement of Indiana's laws was prepared, and the media was kept informed. Additionally, the vigilante efforts of TLC Advocates, in gathering evidence of the mounting informed consent violations, continued and was submitted to ISDH.

In June of 2015, the ISDH finally acted, conducted a Survey Inspection of Women's Pavilion, and found 10 out of 10 violations in the Women's Pavilion files they inspected.⁵ These findings, the resulting validation of TLC Advocates' complaints, and ISDH's refusal to renew Women's Pavilion's license is attached hereto as Exhibit 3. It is unclear why ISDH waited so long to react to the illegal operations of Women's Pavilion, in the face of very compelling evidence – whether the ISDH is understaffed or simply unmotivated to enforce Indiana's pro-life laws. It is also unclear why ISDH did not immediately shut down Women's Pavilion and penalize them heavily as they are authorized to do. (See I.C. 16-21-3-1(6); see also I.C. 16-21-3-2, 16-21-2-2.6, 16-21-1-10)

Accordingly, in the absence of ISDH enforcing the revocation of Women's Pavilion's license, the coalition of pro-life constituents referenced above dutifully solicited evidence from mothers who were abortion clients of Women's Pavilion, and over 50 complaints of informed consent violations were submitted to the ISDH. Sadly, as set forth in the correspondence constituting Exhibit 4, attached hereto, the ISDH not only permitted Women's Pavilion to

The groups represented by this notice intend to submit a records request for the entirety of the file accumulated in response to WWHA's application. Because ISDH is still collecting documents, the undersigned prefers to wait until all documents to be collected are collected. To make a showing of a lack of due diligence concerning the "reputable and responsible" determination and to make the "arbitrary and capricious" showing, the entirety of the file will be necessary. In the event that the ISDH denies WWHA's application, prior to the records request referenced herein, no such records request will be necessary.

⁵ The fascinating nature of the ISDH's findings in response to the TLC Advocates' complaints – that there was not one patient file in compliance with the informed consent law – cannot be overstated. It validates all of the complaints of the TLC Advocates and shows a blatant disregard of Indiana's laws, even those that carry a criminal penalty. This brazen-ness by the Women's Pavilion "Administrator" should be an absolute bar to licensing. WWHA's choice of the same "Administrator," and WWHA's own voluminous record of violations, would be enough evidence for a reasonable person to deny WWHA's application.

01/01/16 Letter to the Honorable Kristina Dox and Kanadit Snyder of ISDH page 3

continue operating without penalty, but it would not process further complaints by the TLC Advocates on the grounds that they were "repetitious." As if a rapist can only be prosecuted for one of many rapes, or a murderer prosecuted for only one of many murders, or a thief charged with one of many thefts, this rationale is so bereft of reason and justice that it can only point to the desire of ISDH to look-the-other-way in the face of criminal wrongdoing by an abortion clinic and exculpate a systematic illegal abortion operation doing great harm to Indiana women.⁶ Pressure on ISDH remained constant including protests and education of the public. (See Handbill and Press Release, Exhibit 5, attached hereto)

Finally, as a matter of background, lest the ISDH point to the revocation of the Women's Pavilion license as a response to the above allegations of malfeasance, the history of the ISDH for at least the past decade – as demonstrated by the survey reports and "enforcement actions" that followed – was for the decision-makers at ISDH to fail to hold Women's Pavilion accountable for their transgressions against the women of Indiana, and to enable Women's Pavilion to continue their systemic violations as long as Women's Pavilion would sign-off on an agreement to "do better next time." Summing up the background, then, the citizens of Indiana have been cheated from having a regulatory body willing to enforce Indiana laws, and the ISDH has left a trail of frustrated constituents and a landscape of harmed women who were victims of an abortion clinic determined to undermine the pro-life laws of the Indiana legislature. Those constituents, along with the other pro-life groups, state representatives, and medical professionals are again standing at ISDH's door asking for ISDH to make the proper findings and render the proper – legal – decision regarding WWHA's application for an abortion clinic.

III. WWHA Cannot Show, As Required, That It Is "Reputable And Responsible."

With so much at stake in approving an abortion clinic that can meet the health and safety standards of Indiana law, it was logical and necessary for the legislature to require that abortion clinic applicants submit an application "showing that the applicant is of reputable and responsible character." I.C. 16-21-2-11(a)(1); 410 I.A.C. 26-2-5(1). It is a legitimate threshold because non-reputable and irresponsible abortion clinics will by nature inflict harm on Indiana citizens and unfairly impose significant costs on the taxpayers. And note that this threshold is stated in the conjunctive — it requires that the applicant is both "reputable and responsible." If the applicant is missing either one of these character attributes, the application must be denied. As the evidence cited herein demonstrates, WWHA is a far cry from meeting the "reputable and responsible" requirement, and, accordingly, to approve WWHA's application for an abortion clinic would be arbitrary, capricious and an abuse of discretion.

⁶ If not for the extraordinary vigilante efforts of the TLC Advocates, the persistence of the prolife constituents, the extraordinary readiness of TLC Legal to bring suit, and the fortitude of the Attorney General's office once all the above was set in motion, there is no reason to conclude that Women's Pavilion would not be operating still today with no regard to the Indiana laws concerning informed consent.

⁷ In line with the ISDH's treatment of the TLC Advocate's complaints regarding the harm being done to the clients of the Women's Pavilion, the ISDH took an adverse position to the plans of The Life Center to install a Safe Haven Baby Box on-site of The Life Center, next to the Women's Pavilion.

The impossibility of WWHA showing it is "of reputable and responsible character" is threefold. First of all, public records and public discussion show that WWHA's character is not reputable and it is objectively very poor in terms of compliance with abortion clinic regulations. Second, WWHA's designation of "the person to be in charge of the institution," per I.C. 16-21-2-11(b)(4), choosing on its application the same "Administrator" that operated the Women's Pavilion during its reign of systematic illegal operations – demonstrates that WWHA is not concerned with its reputation and could not be more irresponsible in showing its commitment to following Indiana law. Thirdly, WWHA's response to the legitimate concerns of Indiana citizens – the medical care to be delivered and the availability of follow-up to compensate for the risk of complications, is non-existent.

A. ISDH Must Deny WWHA's Application Because WWHA Is Not In The Least Bit "Reputable."

To be of reputable character is to enjoy good repute and be held in esteem. WWHA does not enjoy that attribute. Indeed, WWHA is known as the abortion clinic chain with a notoriously poor compliance record. There simply is too much noise about them for it not to be true, and, ultimately, "you are what your record says you are." An article by Abby Johnson, a former abortion clinic worker in Texas, tells it like it is in a very recent report, based on the inspection reports and statements by witnesses with first hand knowledge. (See 10/27/17 "Whole Woman's Health Exposed, Abby Johnson 2017/9/6/Whole-Womens-Health-Exposed, attached hereto as Exhibit 6) The article itself incorporates 50 pages of government inspection reports on which the article is based. (Id.) The pervasiveness of WWHA's obliquitous reputation was also acknowledged by the recent headlines of the WASHINGTON FREE BEACON, a national news agency: "Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals," (See article attached hereto as Exhibit 7)

These recent articles are not rhetorical pieces – they are based upon and motivated by the startling inspection reports and testimony. "The documents show a widespread problem of health violations at WWH clinics." (*Id.*) A look at some of the underlying documents shows that these Texas clinics by WWHA are repeat offenders and not reputable in any sense of the word. (See, e.g., 12/29/15 Inspection Report for WWHA San Antonio, TX, attached hereto as Exhibit 7.1; 12/02/15 Inspection Report for WWHA McAllen, TX, attached hereto as Exhibit 7.2; Exhibit 6, *supra*). Furthermore, it is something that has been going on for a long time as the attached article from 2011 demonstrates, citing the fines against WWHA in Austin and McAllen. (See 12/1/11 "Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains," Exhibit 8 attached hereto; see also Exhibit 6, supra, attached hereto)

The unflattering reputation of WWHA is something that has been noticed by many of the

This quote, which is one of the poignant truisms by NFL Coach Bill Parcells, as well as other dandies, can be found at http://www.azquotes.com/author/11297-Bill Parcells.

The timely article was posted by Charles Fain Lehman On October 27, 2017, and is found at http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/.

watchdog organizations. As THE DAILY CALLER NEWS FOUNDATION commented: "[a] slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017," and citing to the Free Beacon article referenced above. (See THE DAILY CALLER, "Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds," by Grace Carr, 10/27/17, attached hereto as Exhibit 9) The sloppiness negatively effects women's health as set forth in the May 19, 2014 article by Cheryl Sullenger, "Why Should Abortionists have Admitting Privileges? Look at these Botched Abortions at Just One Clinic," found at LifeNews.com. (See Exhibit 10 attached hereto)

And it is not just the Texas clinics of WWHA. The other clinics in Maryland and Illinois have similar violations problems as summarized in Exhibit 11, attached hereto. (Excerpts from chart found at unsafereport.org/wp-content/uploads/2016/12/Unsafe-Chart.pdf) Violations have been a consistent theme of WWHA's operations for a while, as summarized by Operation Rescue, attached hereto as Exhibit 8 (12/1/2011 "Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains")10 Accordingly, when the volume and depth of the violations, along with their consistency from state to state, are considered, it would be irrational to conclude that WWHA is reputable.

Lastly, WWHA went to extreme lengths in its application to defy the "reputable" requirement by appointing as its "administrator," Liam Lynn Morley (see Exhibit 12, attached hereto), the same administrator who managed the Women's Pavilion -- a habitual offender of the laws of Indiana which cost taxpayers and the abortion mothers who sought Women's Pavilion's assistance. 11 As reported by the South Bend Tribune, "Liam Morley is listed as the proposed clinic's administrator. She was an employee for several years at the clinic Klopfer ran (See Exhibit 13, attached hereto). She stated in more than one interview that neither she nor the group she heads - "Pro Choice South Bend" - was involved in the effort to launch a clinic in South Bend. (See, e.g., id.) Clearly, then, it is WWHA that sought-out Ms. Morley and would have been aware of her past experience with Women's Pavilion when the clinic was engaging in a culture of illegality. Hardly the pick any reasonable person would make if that reasonable person was trying to satisfy the "reputable" requirement in order to be licensed.

The fact that WWHA chose the Women's Pavilion's operator to be its administrator validates the concern of the local medical community that WWHA fits the same compliance profile as Women's Pavilion. (See Exhibit 13, attached hereto, WSBT News Reporting on 12/6/17 County Council Meeting) That makes the point of Northern Indiana family physician Laura McGuire all the more poignant when she stated at the Council Meeting that she's "concerned about the former South Bend abortion clinic, which was shut down after failing to

The article can be found at www.operationrescue.org/archives/over-83000-in-fines-assessedin-texas-for-illegal-dumping-of-aborted-baby-remains/

Searches on social media by the TLC Advocates confirm that this is the same "Lynn Morley" or "Liam Lynn Morley" that operated the Women's Pavilion for the last several years of the clinic's operations (see Exhibit 12a, attached hereto), during which the TLC Advocates accumulated evidence including an audio recording - of the Women's Pavilion's practice of bypassing the informed consent law.

procedures to the state, and we know that there is an organization here [WWHA] that has the same kind of profile as Dr. Klopfer " (<u>Id.</u>) During the two hour meeting, a number of other members of the medical community recited their concerns of the shaky reputation of WWHA.

The violation-prone operations of the Texas group are an even more serious concern to the medical community because of the lack of a plan to deal with complications or recovery of the patients of WWHA's circuit doctor, Dr. Jeffrey Glazer. (See id., Exhibit 13, attached hereto; Exhibit 15, attached hereto, 12/7/17 S.B. Tribune reporting "Group of Doctors Speak Against South Bend Abortion Clinic") The medical community in Northern Indiana complained that WWHA would "burden the medical community" and that "local hospitals will be compelled to provide treatment to women with complications from medication-induced abortions." (Exhibit 15, attached hereto) The doctors went into detail over the two hour process describing the complications that do arise on a statistical basis and how in the past that they have been forced to deal with them. They also lamented that a circuit doctor, likely in South Bend for one day per week, and continuously traveling, would not be available for any follow care, and was not a good match for WWHA's plan of medical abortions. Given WWHA's horrid compliance record. and the fact that their proposed physician is commonly traveling between his practice in Indianapolis and two other states, this is an authentic issue that deserves an authentic response.

Part of the reason why the clients represented by this letter, and the undersigned, waited until now to provide this legal opinion to ISDH is that we were waiting to see how or if WWHA would respond to any of the inquiries or criticisms regarding their application to locate in South Bend. Instead of responding with evidence that WWHA is reputable and responsible, WWHA has only responded with political rhetoric. The legitimate concerns of Indiana citizens regarding WWHA's compliance problems, the similarities of WWHA with Women's Pavilion, and the health and safety concerns raised by WWHA's application was met with venomous political attacks:

- As part of the South Bend Tribune's reporting on the application, October 14, 2017, the President and CEO of WWHA stated in an email attributed to her: "It is our commitment to go into places that are underserved and where women have suffered because so many clinics have shuttered due to continued political interference. South Bend women and families deserve access to high quality abortion care services..." (Exhibit 14, attached hereto)
- A couple weeks after that statement, the President and CEO of WWHA issued another political motivation to their application: "As we witness ongoing attempts by the Trump administration to bully and block women who need abortion care, I'm proud to announce that we are expanding our healthcare work, to open . . .the clinic in South Bend as soon as we can. . . . to combat abortion stigma." (Exhibit 16, attached hereto, WNDU coverage of WWHA application)¹²

In that same WNDU coverage, the quote of Shelly Dodson, Center Director of All-Options in Indiana, shows the mistaken political motivations of WWHA's continuous diatribe against President Trump, Vice President Pence, and the pro-life legislature of Indiana: "We are thrilled that Whole Woman's Health

- In response to the complaints of the medical community the WWHA responded with this statement: "[A]ccess to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and ... we are committed to improving people's lives by providing access to the best medical care, which include the full range of reproductive health services for women." (Exhibit 15, attached hereto)
- WWHA has not provided a response to the mounting concerns by the South Bend medical community, and they declined to interview on that topic or any of the other topics such as the financial burden on taxpayers given its similarity to the Women's Pavilion debacle or the fact that mothers are getting the services they need in South Bend, the president and CEO of WWHA instead declared generically that WWHA clinics are "committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."13 (Exhibit 13, attached hereto)

It stands to reason then that the concerns of the elected officials, the Northern Indiana pro-life community filling the needs of pregnant mothers, the medical community in South Bend have legitimate concerns about the "reputation" of WWHA and that reputation cannot be sufficiently rehabilitated with so much water under the bridge. The ISDH is left with no choice except to deny the application of WWHA on the basis of WWHA's horrid compliance record, its similarities with the costly Women's Pavilion debacle, its decision to hire the administrator of Women's Pavilion during its lawless rein that led to its closure, and the fact that WWHA's plan of a circuit doctor is problematic in the dispensation of medical abortions - which occurs out of the abortion clinic a day or three after the initial pill - and will impose a significant cost on the medical community.

There is no legal requirement, Constitutional or otherwise that requires ISDH to do anything other than to deny the Texas group's application. Even if the "undue burden" standard was relevant here, and it is not, no undue burden exists in Northern Indiana for a mother seeking an abortion to get her abortion counseling within a couple miles, and, if an abortion is still desired, only travel 65 miles. Accordingly, WWHA's disrepute, and there being no undue burden, for the ISDH to anything other that deny WWHA's application would be arbitrary, capricious and an abuse of discretion.

will be opening a clinic in South Bend, and look forward to having another provider to refer clients to in Indiana, reducing their need to travel out of state to find the abortion care they need." (Exhibit 16, attached hereto) It is false and misleading to say that abortion-minded mothers need to go out of state for abortions services when they can travel a couple miles to the Planned Parenthood of Mishawaka, for abortion counseling, or they can go straight to the Planned Parenthood of Merrillville for a medical or surgical abortion.

WWHA's generic statements do not constitute evidence of "reputation," and given the factual record of WWHA's performance at its number of clinics, the generic statements are completely false. Again, "you are what your record says you are." (See supra note 8)

В. ISDH Must Deny WWHA's Application Because WWHA Is Not "Responsible."

Even if the ISDH found WWHA to be "reputable" – an improbable hypothetical – WWHA does not meet the "responsible" criterion as part of I.C. 16-21-2-11(a)(1) and 410 I.A.C. 26-2-5(1). "Responsible" is not an ambiguous term, and is often defined by having "obligations" or "accountability," and "liable to be called on to answer." And to state again, both criterion, "reputable" and "responsible," must be met despite the similarities between the two requirements. To the extent that the evidence showing WWHA is not "reputable" is the same as the evidence to show that WWHA is not "responsible," the relevant portions above will be referenced instead of being repeated in their entirety.

For many of the same reasons cited above, WWHA falls woefully short of meeting the "responsible" requirement. There are hundreds of pages of violations and penalties demonstrating how irresponsible WWHA is. (See supra pp. 5 - 8) Would WWHA dare to say that its record of violations and penalties constitutes "responsible" conduct? WWHA would condemn itself with its own words if such a statement were made; in WWHA's instance, it is best to remain silent and plead the 5th. Simply put, no reasonable person would argue that WWHA's compliance record and willingness to comply with the law demonstrate "responsible" character.

WWHA's irresponsibility is further shown by the choice of its "Administrator," choosing the former administrator of the Women's Pavilion - the same administrator whose tenure encompassed the years of illegally dispensing RU486 without informed consent. (See supra pp 2 - 5) The charges levied against Women's Pavilion were very serious, especially the statutory rape charges and the informed consent violations that bear criminal penalties. To hire the same Administrator who was just one of the few staff members of Women's Pavilion during this time sends a clear message of severe irresponsibility.

WWHA demonstrates its lack of "responsibility" by concocting a business model with an absentee "Medical Director," the doctor/abortionist, who will likely not be in town or available when his patients take the second pill of the chemical cocktail known as RU486, which causes the patient to undergo contractions and expel the fetus. ¹⁴ Even using the figures proposed by the abortion industry (which are not supported by the experiential data collected by watchdog groups), the complication rate for medical abortions is at 5.2%. 15 Accordingly, is it responsible

¹⁴ Mifepristone (mifeprex) is the first pill of the RU486 pill process and the first pill kills the unborn child by cutting-off the child's nutrition, and, then, the second pill, Misoprostol, taken at home by the mother causes her to undergo contractions in order to expel her child wherever she happens to be at that time. For a description of the history of RU486, and the process used by the abortion industry (albeit from a pro-life perspective), see www.40daysforlife.com/2017/12/08/ru-486/.

^{15 &}quot;Incidence of Emergency Department Visits and Complications After Abortion" by Advancing New Standards in Reproductive Health ("ANSIRH"), Ushma D. Upadhyay, PhD, et. al., published in OBSTETRICS & GYNECOLOGY: January 2015 - Volume 125 - Issue 1 - pp. 175-183, p.1, found online at http://journals.lww.com/greenjournal/fulltext/2015/01000/Incidence of Emergency Department Visits

to devise a business model using a circuit doctor who will unlikely not be available for follow up when the mother takes the second pill at home or wherever she is at that time? The complication prone medical abortion process screams for an ever-ready doctor so that every complication does not end up in the emergency room. An agreement with a local doctor who has admitting

privileges to a local hospital does not reduce this need for immediate care by mothers experiencing complications from the second pill.

Since, complication rates for medical abortions are much higher than surgical abortions (again, with medical abortions being 5.2%), 16 is WWHA behaving responsibly when it has requested, through its attorneys, for the waiver of certain abortion clinic requirements so that they do not have to adhere to all of the laws on the books for such clinics? should there not be more of regulatory imposition on WWHA's proposed business model in order to protect Indiana mothers? Do not Indiana citizens, not interested in a medical problem being imposed on them, deserve more than political rhetoric (see supra pages 8-9) in response to the complications that arise from medical abortions? WWHA's request and business model are irresponsible.

How can WWHA claim that they are "responsible" when its proposed business model imposes emergencies and immediate-care-questions on others, especially considering that most of those others do not want to handle it. This was a common refrain of the medical community in South Bend as they brought their concerns to the County Council. (See Exhibits 13, 14, and 15 attached hereto) The medical profession in South Bend has sounded the alarm, and WWHA can only muster political rhetoric to justify its business plan. Is that responsible? Even if the complication rates are as low as the abortion industry says they are for medical abortions, 5.2 %, there still will be a significant impact on the medical community of South Bend unless there is a plan in place to deal with the emergencies and the post-RU486 dispensation. Accordingly, since there is no plan in place beyond an "agreement" with a doctor in the area who has admitting privileges, which of course does not lessen the impact on the local medical community, WWHA's plan is irresponsible.

WWHA's inability to demonstrate that it is "responsible" in the face of such serious matters demands that the ISDH deny WWHA's application. The concerns of the legislature which drafted the legislation requiring clinic applicants to be "reputable and responsible" should be followed. The concerns of the individual elected officials - both state and federal - should be listened-to given that their position enables them to see that mothers are being cared-for in Northern Indiana, and abortion services are still available to those who desire them. The Northern Indiana citizens who do not want their taxes spent on a violation-prone, out-of-state

and.29.aspxe.

¹⁶ Id. at p. 1. Although this study was done by the abortion industry, it still admits that "complication rates are underestimated by low follow-up rates." (p. 1) Watchdog groups claim that only one out of 10 complications are reported. See www.40daysforlife.com/2017/12/08/ru-486/. That certainly has been the experience of the local watchdog groupslike TLC Advocates and 40 Days for Life, South Bend, who have witnessed firsthand that the complication rate for these medical abortions is much higher than reported by the abortion industry. (Cf. Exhibit 1, attached hereto, describing the regret of a mother who experienced a medical abortion)

organization should be taken seriously. And last, but not least, the medical community in South Bend who do not want to be responsible for the complications of WWHA provide a relevant and persuasive reason for denying WWHA's application. What is irrelevant and demonstrative of the irresponsibility of WWHA is treating the matter as a political matter deserving only of political rhetoric instead of real facts responsive to the issues at hand.

The ISDH is left with no choice except to deny the application of WWHA on the basis of WWHA's horrid compliance record, its similarities with the costly Women's Pavilion debacle, its decision to hire the administrator of Women's Pavilion during its lawless rein that led to its closure, and the fact that WWHA's plan of a circuit doctor is problematic in the dispensation of medical abortions — which occurs out of the abortion clinic a day or three after the initial pill—and will impose a significant cost on the medical community.

As stated above, there is no legal requirement, Constitutional or otherwise that requires ISDH to do anything other than to deny the Texas group's application. Even if the "undue burden" standard was relevant here, and it is not, no undue burden exists in Northern Indiana for a mother seeking an abortion to get her abortion counseling within a couple miles, and, if an abortion is still desired, to travel 65 miles. Accordingly, WWHA's inability to meet the "reputable and responsible" requirement, and the "undue burden" standard being inapplicable, the ISDH would prejudice Northern Indiana citizens and the medical community by granting WWHA's application, and, accordingly, granting the application would be (1) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (2) contrary to constitutional right, power, privilege, or immunity; (3) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (4) without observance of procedure required by law; or (5) unsupported by substantial evidence. (I.C. 4-21.5-5-14(d))

IV. Conclusion

With new leadership at ISDH, there is an opportunity here for that new leadership to build a trusting relationship with the constituents here in the Northern portion of the state. These same constituents had their faith in ISDH severely shaken after years of licensing the lawlessness of the Women's Pavilion. ISDH's lack of zeal to enforce the laws against the Women's Pavilion, and ISDH's evasive conduct in prosecuting and shutting down an operation that admitted it was systemically violating the criminal laws of the state related to informed consent.

We are also calling on the Attorney General's office and the Governor's office to do their part in ensuring that Indiana's citizens are heard and that the ISDH does not abuse its discretion, go outside the existing law and evidence, and inflict great harm on our community in Northern Indiana. We note that the current Attorney General, Curtis Hill, Jr., has stated that he is "an advocate for the people." We will call him to be just that. We will bring this issue to the populace, elected officials, the ISDH and the courts. We plan on continuing to promote a great deal of attention on this issue through the media, social media, and public protests.

We will be there to encourage and support your efforts to do the just and legal action necessitated by the law and facts governing this matter. Lest there be any concern over a WWHA lawsuit when its application is denied, consider that a blessing. The opportunity to do

justice in this instance is well worth the time, energy, and expense. The entirety of the international pro-life community would applaud and support your effort to dispel current myths regarding medical abortions and educate the world with the salient truths concerning the physical effects and complications, the psychological effect on mothers, and the deplorable state of compliance with the current – yet insufficient – regulations governing the medical abortion industry.

Please feel free to contact me regarding any of the above, and I will keep you informed of the growing number of similarly situated clients pleading with ISDH to Answer the C.A.L.L.

Sincerely,

Shawn F. Sullivan, IN Bar No. 21472-71

S. F. SULLIVAN, ATTORNEY AT LAW, LTD

The Honorable Curtis T. Hill, Jr. c. Indiana State Attorney General 302 W. Washington St, 5th Floor Indiana Government Center South Indianapolis, IN 46202

Fax: (317) 232-7979

The Honorable Eric J. Holcomb Office of the Governor 200 W. Washington St. State House Room 206 Indianapolis, IN 46204-2797 Fax: (317) 233-3378

EXHIBIT LIST

Exhibit 1:	M Witness Statement
Exhibit 2:	"Answer the C.A.L.L." campaign (2/17/15) and press release
Exhibit 3:	TLC Advocates' complaints upheld by ISDH
Exhibit 4:	Letters to and from state regarding lack of prosecution of Women's Pavilion
Exhibit 5:	Handbills and press release protesting ISDH handling of Women's Pavilion
Exhibit 6:	10/27/17 "Whole Woman's Health Exposed" by Abby Johnson
Exhibit 7:	Article in WASHINGTON FREE BEACON re: violations at TX clinics Exhibit 7.1: Violation reports for WWHA clinic in San Antonio, TX Exhibit 7.2: Violation reports for WWHA clinic in Macallum, TX
Exhibit 8:	Article re: fines against WWHA clinics in TX
Exhibit 9:	Article in Daily Caller re: violations of WWHA clinics
Exhibit 10:	Article in LifeNews re: botched abortions at WWHA in Austin
Exhibit 11:	Chart showing IL and MD violations at WWHA
Exhibit 12:	Application and identification of the "Administrator"
Exhibit 13:	WSBT coverage of doctors protesting proposed WWHA clinic in South Bend
Exhibit 14:	SB Tribune reporting on WWHA's plans to open abortion clinic in South Bend
Exhibit 15:	SB Tribune reporting on medical communities' complaints regarding WWHA
Exhibit 16:	WNDU coverage of WWHA's intentions to do clinic in South Bend

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EXHIBIT 1Legal Opinion to ISDH

- 1. On November 28, 2014, I went to the Women's Pavilion for my counseling appointment.
- 2. I was there for counseling regarding an abortion, but on my way into the Women's Pavilion, I talked to a woman on the sidewalk by the name of Ellen Master. She presented alternatives to abortion, such as adoption, and offered me financial, legal, and medical assistance to eliminate the pressure on me to have an abortion.
- 3. I went inside to my counseling appointment, considering what Mrs. Master had told me. But during the counseling visit the abortionist asked me to sign-off on some paperwork and gave me a pill.
- 4. Upon my exit from the Women's Pavilion, I talked again to Mrs. Master, and, although I wanted to consider these options, I informed Mrs. Master that it was too late because the abortionist had already given me the abortion pill that I took in his office.
- 5. This all occurred over a two hour period during my first visit to the abortionist on November 28, 2014.

Mandy

12/1/15 Date

Natural Family Planning • Theology of the Body Training • Natural Family Flanning

• A Haven for Healing • Health-First • Life Support • Facts-First • Silent No More •

Health-First • TLC Advocates

• Facts-First • Life Support •

Natural Family Planning

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A Haven For Healing • Health-First

Holy Family Adoption Agency
 40 Days For Life, South Bend

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• Holy Family Adoption Agency • Health-First • Silent No More • TLC Advocates •

TLC Advocates • Health-First • Natural Family Planning • Facts-First • Life Support

Answer the C.A.L.L. Campaign

Citizens Against Licensing Lawlessness

For Immediate Release

Contact:

Shawn Sullivan, Esq.

SullyatLaw@sbcglobal.net

Cell: (574) 286-7860 Fax: (574) 233-7862

State Health Department, Citizen Group Call for Closure of South Bend Abortion Clinic

Summary of Release: Concerned citizens and representatives of the non-profit entities located at the Life Center in South Bend, which is next to the abortion clinic, are initiating a campaign "Answer the C.A.L.L. (Citizens Against Licensing Lawlessness)." According to the spokesperson for Answer the C.A.L.L., Shawn Sullivan, Esq., the campaign is in response to the continued lawlessness of Dr. Ulrich "George" Klopfer. In just the past few months, the entities at the Life Center have reported violations to the Indiana State Department of Health (ISDH), and the ISDH just recently filed a complaint against the abortion clinic seeking a revocation of its license. The ISDH's complaint is based on a multitude of violations that turned up from ISDH's survey of the abortion clinic in late October 2014. Dr. Laura McGuire, M.D., after reviewing the complaint, stated that the abortionist's "practices can cause injury or even death." Adding these violations to the past five years' worth of violations, the two recent criminal prosecutions brought against Dr. Klopfer and the abortion clinic, as well as the voluminous complaints to the Indiana Attorney General's office, the Answer the C.A.L.L. campaign is demanding that pubic officials close the abortion clinic before something tragic occurs. Sullivan says: "Because no one concerned about the well-being of the patients and their loved ones should ignore the evidence any longer, we are specifically calling upon our public officials to immediately act to protect the public and not wait until South Bend has a disaster on its hands."

SOUTH BEND, Indiana, February 18, 2015: Representatives from several local non-profit organizations revealed today that the Indiana State Department of Health (ISDH) has asked an Administrative Law Judge to revoke the license of the South Bend abortion clinic known as the Women's Pavilion. The clinic is operated by Dr. Ulrich "George" Klopfer, The non-profits, located at The Life Center, 2018 Ironwood Circle in South Bend – adjacent to the abortion clinic – monitor the operations of the clinic and have filed complaints with the ISDH. Along with other concerned citizens, representatives from the non-profits have formed an action group called "Answer the C.A.L.L. (Citizens Against Licensing Lawlessness)." As evidence of this lawlessness, the Answer the C.A.L.L. cite the recent non-profits' complaints against the Women's Pavilion, the two recent criminal actions -- one in Lake County and the other in St. Joseph County, thousands of complaints filed with the Attorney General's office, the pending review of Dr. Klopfer's Medical License (rescheduled for March 26, 2015), and the recent survey of the ISDH showing numerous serious violations of the state's medical rules for surgical abortion clinics.

The recent complaint by the ISDH is made up of the violations found in late October 2014, when the ISDH completed an on-site survey of the facilities. The multitude of violations all relate to patient care and safety. As Dr. Laura McGuire, M.D., a local physician, stated: "The

violations set forth here are not just a matter of improper paperwork; these kinds of practices can cause injury or even death. Identical violations year after year signal a lack of genuine corrective action, and ultimately, a lack of desire to adhere to acceptable

[T]hese kinds of practices can cause injury or even death.

Dr. Laura McGuire, M.D.

medical standards. The violations are inexcusable, and the failure to promptly remedy them is appalling." A glance at the 48 pages of violations reveals some unsettling information putting the patients at great risk:

- 1. Failure to have qualified staff overseeing the sedation (conscious sedation) of patients and failing to have qualified staff monitoring the patients in recovery;
- 2. Failure to have laboratory services, such as blood work and pregnancy testing, performed at a certified facility;
- 3. Using expired medications (from 2012) and explaining that the common medicines are on "backorder" although unable to substantiate such a claim with any documentation;
- 4. Failure to have an infection control plan;
- 5. Failure of personnel to have basic CPR training certification;
- 6. Failure to have immunization documentation regarding the staff that deals with the patients;
- 7. Failure to have an emergency plan in the event of loss of power;
- 8. Failure to have an evacuation plan in the event of an emergency with Dr. Klopfer stating that it "is all up here" (pointing to his head);
- 9. Failure to comply with numerous certification, training, and licensing of staff, including an RN without her medical license, and failing to complete annual competency assessments for professional staff;

10. Failure to develop written policies governing surgical abortion services that are designed to assure "appropriate standards of medical and patient care;"

Dr. Klopfer has refused to develop and submit a "plan of correction" for the above-listed deficiencies, despite being repeatedly asked to do so. In fact, according to Shawn Sullivan, attorney and spokesperson for Answer the C.A.L.L., a number of the violations cited in the 2014 survey were also found in the surveys done in 2010 and 2012. "This," says Sullivan, "is what gave rise to our awareness and action campaign. The mounting evidence of Dr. Klopfer's lawlessness would cause any reasonable person to demand the closure of such an operation before there is a disaster. This situation is a time bomb. We don't need to wait until we have a catastrophe like that in the Kermit Gosnell case or the Brian Finkel case. We should not continue to ignore all of the signs as to where this situation is headed." Sullivan surmised that when you consider that Dr. Klopfer had some of these same violations in 2010 and 2012, which he never corrected, and he continues to receive more citations from ISDH, and the non-profit entities monitoring Dr. Klopfer's operations are seeing an increased disregard for the law, "it is clear that he is going to operate in this lawless fashion until he is stopped or there is horrific climax to the situation. In no other situation would we place the women of our community at such great risk and tolerate so many health and safety violations. Any restaurant with this many health violations would have been shut down many years ago."

Sullivan noted that in addition to the "Answer the C.A.L.L." campaign that the non-profits at the Life Center would continue to monitor Dr. Klopfer's activities. He added that the "Answer the C.A.L.L." campaign is designed to draw attention to the issue and "call upon on our public officials and the citizens of the community to ensure that this lawless activity ceases immediately and that all licenses are revoked before it is too late."

Bio for Shawn Sullivan: Mr. Sullivan is an attorney in South Bend and the founder and Director of the Life Center at 2018 Ironwood Circle, South Bend, IN 46615. He is a 1993 *Cum Laude* graduate of Harvard Law School, and a 1989 *Summa Cum Laude* graduate of the University of Dayton.



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner **EXHIBIT 3**Legal Opinion to ISDH

June 26, 2015

REGARDING THE APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC:

Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

NOTICE OF DENIAL OF LICENSE

To:

Dr. Ulrich Klopfer, DO Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

The Director of the Division of Acute Care, Indiana State Department of Health (hereinafter referred to as "Director"), upon review and recommendation of the Abortion Clinic Licensing Program ("Program"), hereby issues this Notice of Denial of License ("Notice").

TLC Advocates At the time of this Notice, the applicant's current licensure is pending revocation following a complaint survey conducted on June 03, 2015. During the complaint survey deficiencies demonstrating non-compliance were cited. The program believes these deficiencies provide further evidence of the clinic's inability to comply with and follow existing state law and that such behavior is an intentional and willful act.

Based on the clinic's survey history of non-compliance, ongoing non-compliance, untimely and unacceptable plans of correction and pending license revocation, the application for licensure for the above-referenced abortion clinic (seeking licensure following the expiration of the current license on June 30, 2015) has been denied.

If you wish to seek administrative review of this action pursuant to Indiana Code § 4-21.5-3-5, you must file a petition for review within eighteen (18) days after the date of this Notice.

A petition for review must be in writing and must include facts demonstrating that:

The petitioner is a person to whom the order is specifically directed;

The petitioner is aggrieved or adversely affected by the order; or

The petitioner is entitled to review under any law.

If the petition for review is not filed timely, this action becomes a FINAL ORDER.



Any petition for review should be submitted in writing to:

Court Administrator Office of Legal Affairs, #311 Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3006

Upon receipt of a timely filed petition for review, an administrative proceeding will be conducted by an Administrative Law Judge appointed by the Indiana State Department of Health.

This action does not prohibit the applicant from re-applying for licensure in the future.

Respectfully,

Terry L. Whitson

Assistant Commissioner

Health Care Quality and Regulatory Commission



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

June 26, 2015

4A-07 Alyson Cox 16620 Holly Oak Dr Westfield, IN 46074

RE: Complaint Allegation #: IN00170828

Dear Alyson Cox:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state regulations.

Sincerely,

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

June 29, 2015

4A-07 Jennifer Borek South Bend, IN By Email

RE: Complaint Allegation #: IN00165426

Dear Jennifer Borek:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state and/or federal regulations.

Sincerely.

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487

Indiana State Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B, WING 06/03/2015 011127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 000 T 000 INITIAL COMMENTS The visit was for a licensure complaint investigation. Complaint Number: IN 00170828 Substantiated: deficiencies related to the allegations are cited Date: 6-03-15 Facility Number: 011127 QA: cjl 06/12/15 T 022 T 022 410 IAC 26-4-1 GOVERNING BODY 410 IAC 26-4-1(c)(1) (c) The governing body shall do the following: (1) Assume responsibility for: (A) determining; (B) implementing; and (C) monitoring; policies governing the clinic's operation. This RULE is not met as evidenced by: Based on document review and interview, the governing body failed to ensure that policies governing all clinical services were implemented and maintained, including a policy/procedure for the medical abortion services being provided by the facility for 10 of 10 medical records (MR) reviewed (patient 21, 22, 23, 24, 25, 26, 27, 28,

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY Continued From page 3 T 024 T 024 Voluntary and informed consent required; viewing of fetal ultrasound and hearing auscultation of fetal heart tone Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met: (1) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following: (A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis. (B) That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) and is available on an appropriate and timely basis when clinically necessary.

drug.

(C) The nature of the proposed procedure

(D) Objective scientific information of the

(i) the risk of infection and hemorrhage;

or information concerning the abortion inducing

risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

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	(ii) the no	tential danger to a subsequent				
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		dical risks associated with				
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	fifteen (15) years of	age may constitute child				
	abuse under Indian	a law if the act included an				
		eported to the department of				
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	UNISION OF LATHING TO:	father of the unborn fetus is				
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	under this clause m					

FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: 011127 B. WING 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 024 Continued From page 5 T 024 (C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care. (D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after. (E) That Indiana has enacted the safe haven law under IC 31-34-2.5. (F) The: (i) Internet web site address of the state department of health's web site; and (ii) description of the information that will be provided on the web site and that are; described in section 1.5 of this chapter. (3) The pregnant woman certifies in writing. on a form developed by the state department. before the abortion is performed, that: (A) the information required by subdivisions (1) and (2) has been provided to the pregnant woman; (B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible and that the woman has: (i) viewed or refused to view the offered fetal ultrasound imaging; and (ii) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible; and (C) the pregnant woman has been given a

Indiana State Department of Health

written copy of the printed materials described in

(4) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an

section 1.5 of this chapter.

Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING ____ 06/03/2015 011127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 024 T 024 Continued From page 6 advanced practice nurse (as defined in IC 25-23-1-1(b)), or a midwife (as defined in IC 34-18-2-19) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has provided the pregnant woman with a color copy of the informed consent brochure described in section 1.5 of this chapter by printing the informed consent brochure from the state department's Internet web site and including the following information on the back cover of the brochure: (A) The name of the physician performing the abortion and the physician's medical license number. (B) An emergency telephone number where the physician or the physician's designee may be contacted twenty-four (24) hours a day. seven (7) days a week. (C) A statement that follow-up care by the physician or the physician's designee who is licensed under IC 25-22.5 is available on an appropriate and timely basis when clinically necessary. (b) Before an abortion is performed, the provider shall perform, and the pregnant woman shall view, the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible unless the pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that the pregnant woman: (1) does not want to view the fetal ultrasound imaging; and (2) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible. 2. On 6/3/15 at 4:45 PM, the medical director and clinic physician #50 was requested to provide

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	a copy of a policy/p services provided a provided prior to ex	rocedure for medical abortion It the clinic and none was it.				
	indicated:	llowing medical records (MR)				
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Indiana State Department of Health

Indiana State Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 06/03/2015 011127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 024 T 024 Continued From page 8 before the abortion. h. Patient 28 received medical abortion services on 05/15/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. i. Patient 29 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. j. Patient 30 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. 4. At 3:55 PM, 4:05 PM and 4:45 PM, during the interview with the facility physician, #50, physician #50 reported: a. The facility has no log of patients with appointment dates, for either the first visit where lab work and consultation/counseling is done, or for their surgical procedures. b. There is a log book kept for documenting surgical patient procedures on the day of surgery, but no log is kept for medical abortion patients. c. The process for medical abortions includes: At the first appointment, an ultrasound is performed and labs (i.e. pregnancy test, Rh testing, hemoglobin and hematocrit) are done. Also, the "state information" and counseling are done and the patient signs their "releases". Then, the Mifiprex (RU486) is given to the patient and 4 tablets of Misoprostol are sent home with the patient to use vaginally at their convenience at about 48 hours later. d. There is no written policy/procedure related to the medical abortion process at the facility.

PRINTED: 06/29/2015 **FORM APPROVED** Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: B. WING _ 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) T 128 Continued From page 9 T 128 T 128 410 IAC 26-7-1 MEDICAL RECORDS T 128 410 IAC 26-7-1(c) (c) A written or electronic register must be kept of all patients treated that provides the following: (1) Identification data. (2) Treatment rendered. (3) Attending physician. (4) Condition on discharge. (5) Transfers to hospital facility. (6) Other data deemed necessary by the clinic. This RULE is not met as evidenced by: Based upon document review and interview, the clinic failed to maintain a patient register of all patients receiving services including medical abortion services at the facility for one facility. Findings: 1. On 6/3/15 at 3:55 PM, the medical director and clinic physician #50 was requested to provide a patient register indicating all patients obtaining medical abortion services at the clinic and none was provided prior to exit. 2. During an interview on 6/3/15 at 3;55 PM, the medical director and clinic physician #50

Indiana State Department of Health

confirmed the clinic does not maintain a log of patients with appointment dates, for either the

consultation/counseling is done, or for their surgical procedures, or any other follow up appointments. Physician #50 confirmed that a

first visit where lab work and

Indiana State Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 06/03/2015 011127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 128 T 128 Continued From page 10 register is kept for documenting surgical patient procedures on the day of surgery and confirmed that no register indicating the treatment rendered for patients obtaining medical abortion services was maintained by the clinic.

Indiana State Department of Health

SHAWN F. SULLIVAN ATTORNEY AT LAW, LTD

1717 East Wayne Street South Bend, Indiana 46615 Admitted in Indiana, Illinois, and North Carolina Direct Line: (574) 233-7860

EXHIBIT 4.a

Legal Opinion to ISDH

URGENT Via Email and Priority Mail

Greg Zoeller Indiana State Attorney General Indiana Government Center South 302 W. Washington St, 5th Floor Indianapolis, IN 46204 March 3, 2016

Re: Disposition of the 17 Pending TLC Advocate Complaints, dating back to December of 2014, Reporting 54 potential Criminal Violations;

- New evidence witness statements by the mothers mistreated by Dr. Klopfer and or denied informed consent, starting with the first informed consent complaint filed with the Attorney General in 2014;
- The audio and testimonial evidence showing Dr. Klopfer's intent to operate a criminal enterprise (the same evidence that led to 6/3/15 ISDH survey and finding of 10 (out of 10) counts of informed consent violations, I.C. § 16-34-2-1.1, which are now incorporated in the AG's complaint in *In re* License of George G. Ulrich Klopfer, D.O., License No. 02000628A, Medical Licencing Board, Cause No. 2014 MLB 0044; and
- + Previously supplied witness statements by third party witnesses testifying to Dr. Klopfer's un-professional conduct in the community.

Dear Mr. Zoeller,

We write requesting a meeting with your office, to occur in the near future, to discuss the mounting criminal activity associated with Dr. Klopfer's operation of the Women's Pavilion. We hope to immediately meet concerning the pending unresolved 17 complaints filed with your office by the TLC Advocates (dating back to December 2014), new evidence related to them (an example witness statement attached), as well as the audio and testimonial evidence of Dr. Klopfer's clinic being set up to perpetually violate the informed consent law (I.C.§ 16-34-2-1.l(a)(l)) by Dr. Klopfer, and the witness statement pertaining to Dr. Klopfer's unprofessional conduct in the community. I am eager to advise my anxious clients that our Attorney General is as serious about these violations of the Criminal Code as we are and that we have scheduled a meeting to discuss them. We have pleaded with them to be patient with the Attorney General's office, and have distinguished your office with Indiana State Department of Health ("ISDH"), but they are on edge given the speed at which the wheels of justice are turning in regards to Dr.Klopfer.¹

Our clients are an ever expanding group. We represent the The Life Center, TLC Advocates, the 860 petitioners who signed the Answer the C.A.L.L. (Citizens Against Licensing the Lawless) Campaign, and the new class of clients consisting of the mothers who were denied the informed consent prior to receiving an abortion. These mothers desired the 18 hours to consider the information required by the state, but they did not receive the information, and they were not accorded 18 hours to consider the information. As an example of this growing constituency, we are attaching the witness statement of the mother associated with the first complaint filed with your office. We hope to open up this confidential litigation file to the AG's

I will not try to provide an exhaustive list of the issues that could potentially be discussed at the meeting we are requesting. It is sufficient to say that my clients are concerned by the recent actions of the ISDH, which refused to investigate 15 of their 17 complaints (the same complaints we submitted to the AG's office) thereby limiting their prosecution of 18-hour rule violations to 10 infractions in May of 2015, and ignoring the 51 violations documented by the TLC advocates in November and December of 2015 and from June to November 2015. My clients are particularly disturbed by ISDH's ignoring of complaints of 18-hour infractions committed immediately following the settlement agreement, i.e., on November 3, 4 and 6, 2015.

The meeting we are requesting will be invaluable to the AG. Obviously our lawyers and our clients can provide information as well as testimonial and documentary information if you would find it useful at your trial in the M.L.B. proceeding, *In re* Klopfer. Equally important, our clients have leads and information that is pertinent to your adverse or cross examination. And of course the meeting we are requesting is necessary for resolving the 17 pending complaints of criminal violations by Dr. Klopfer:

- Ellen Master, AG File 14-CP-63223 (12/2/14) (reported 2 separate and distinct informed consent violations and for one of them there is new evidence, a witness statement);
- Dr. Jennifer Borek, AG File 15-CP-**** (2/9/15) (reported testimony of Dr. Klopfer's intentional practice of violating informed consent laws with all medical abortions);
- Alyson Cox, AG File 15-CP-53691 (4/1/15) (obtained audio evidence of Dr. Klopfer's intentional practice of violating informed consent laws with all medical abortions);
- Pamela Washburn, AG File 15-CP-**** (7/3/15) (reported 1 distinct informed consent violation);
- Mary Ball, AG File 15-CP-**** (7/6/15) (reported 1 distinct informed consent violation);
- Amber Dolby, AG File 15-CP-**** (7/28/15) (reported 2 distinct informed consent violations);
- Ellen Master, AG File 15-CP-58727 (8/26/15) (reported 9 distinct informed consent violations);
- Shawn Master, AG File 15-CP-**** (8/26/15) (reported 10 distinct informed consent violations);
- Pamela Washburn, AG File 15-CP-52011 (11/20/15) (reported 1 abortion without a license);
- Dr. Jennifer Borek, AG File 15-CP-58184 (11/24/15) (reported 4 distinct informed consent violations);
- Nick Keszei, AG File 15-CP-*** (11/24/15) (reported 3 distinct informed consent violations);
- Zach Spaulding, AG File 15-CP-61488 (11/24/15) (reported 3 distinct informed consent violations):
- Jenna Kovatch, AG File 15-CP-****(11/27/15) (reported 5 distinct informed consent violations):
- Dr. Jennifer Borek, AG File 15-CP-****(11/27/15) (reported 6 distinct informed consent violations occurring after appeal of license revocation dismissed);
- Jenna Dyer, AG File 15-CP-**** (11/27/15) (reported the same 6 informed consent violations occurring after appeal of license revocation dismissed);
- Pamela Washburn, AG File 16-CP-51978 (2/10/16) (reported activity, possibly an abortion, without a license).

In closing, if there is any type of stipulation or confidentiality agreement that would facilitate the meeting requested herein, we would gladly oblige. Thank you in advance for your consideration to this request and do not hesitate to call me to discuss this matter.

Sincerely,

Shawn F. Sullivan, IN Bar No. 21472-71

Attorney for TLC Advocates, The Life Center, and those similarly situated

S. F. SULLIVAN, ATTORNEY AT LAW, LTD.,

Ex. 1: Mandy Witness Statement

Mike Pence c: Office of the Governor State House Room 206 Indianapolis, IN 46204-2797

> Darren Covington/Kirk E. Masten Director, Medical Licensing Board Indiana Government Center 402 W. Washington St., Room W072 Indianapolis, IN 46204

Lindsey Craig Family Policy Director Governor's Office, Room 206 Indianapolis, IN 46204-2797

SHAWN F. SULLIVAN ATTORNEY AT LAW. LTD

1717 EAST WAYNE STREET
SOUTH BEND, IN 46615
(574) 233-7860 • FAX (574) 233-7862
Admitted in Indiana, Illinois, and North Carolina

Via email <rsnvder1@isdh.in.gov>

January 29, 2016

Randall Snyder, Director of Acute Care Division Indiana State Department of Health (ISDH) 2 North Meridian Street, 4A Indianapolis, IN 46204

Re:

Application for Abortion Clinic License by Women's Pavilion and/or MGK Inc. (Dr. Ulrich "George" Klopfer), 2010 Ironwood Circle, South Bend, IN 46635

Dear Mr. Snyder,

I write on behalf of the TLC Advocates (who have submitted complaints containing 51 informed consent violations), the members and supporters of The Life Center, and the over 900 concerned citizens who have signed the "Answer the C.A.L.L. (Citizens Against Licensing the Lawless)" petition, all of whom are deeply concerned about Dr. Klopfer's abortion clinic re-licensure application, which could be filed as early as February 2, 2016. The lack of administrative enforcement here, with only an 88-day stay of operations, when the clinic admitted 10 informed consent violations (during your June 3, 2015 Survey), as well as indisputable evidence that Dr. Kloper systemically violated the informed consent law, is extremely troubling. But more troubling is the refusal of the ISDH to process our complaints filed after the June 3, 2015 Survey because – according to ISDH – they were "repetitive." This excuse for inaction was matched by the startling claim by the ISDH that they do not have jurisdiction to prosecute the TLC Advocates' reporting of 11 illegal abortions (with each one of the illegal abortions being conducted without informed consent) between November 3 and November 6, 2015.

The harm to women is mounting. The attached statement, as an example, is from the very first informed consent violation reported to the ISDH. While I will only release details regarding these statements over the phone, due to privilege concerns, please know that we continue to gather this type of evidence to demonstrate the damage caused by ISDH's lackadaisical enforcement policies. Sadly, although the laws are set up to protect women from this type of damage, the laws are not being enforced. In this case, despite Dr. Klopfer's intentional and systemic violation of the criminal laws, and despite the complaints of TLC Advocates that have documented 51 illegal abortions along with testimonial evidence and an audio-recording the Women's Pavilion's commitment to intentionally denying informed consent, ISDH ignores the magnitude of the situation to the detriment of Dr. Klopfer's patients. Moreover, in the opinion of our clients, and the legal opinion of our outside counsel, the 11 illegal abortions that we reported as occurring after Dr.

¹ Dr. Klopfer signed the settlement documents on November 2, 2015, and the ISDH immediately began giving him credit for his 90-day suspension from operations even though he was still operating. This is just one more anomaly in a history of lackadaisical enforcement of the law in regards to the Women's Pavilion and Dr. Klopfer.

Klopfer had settled with ISDH, but during the extra days of operation that ISDH granted to Women's Pavilion (November 4th through 6th, 2015), are the most poignant violations that should have been investigated by ISDH because those are felonies and represent the doctor's unrepentant, incorrigible, criminal mindset, which should preclude any doctor's ability to apply for a clinic license.²

In the case of Dr. Klopfer and Women's Pavilion, however, there are many more reasons that would prompt the reasonable regulatory official to bar Dr. Klopfer from ever obtaining an abortion clinic license again. For starters, his rap sheet of violations with ISDH and prosecutors should have been the basis for extensive fines, especially with his admissions of systemically violating what is a criminal law. How else does the ISDH plan to deter him and deter other abortionists from setting up business plans that systemically violate the law? When the facts of this case become known to all of the populace, this will be a very embarrassing moment for Indiana. And add to that the growing body of injured parties because the ISDH chooses to license the lawless.

I could go on about the awkward nature of the current situation where the ISDH is essentially protecting the abortionist, but already, according to your lead attorney in this matter, Matthew Foster, you consider me to have disdain for the ISDH. I do not harbor disdain for the ISDH. Such a defensive remark to explain my zealous advocacy is churlish and turns the entire matter on its head. It is I, on behalf of thousands of others, that seek to represent the purpose and rules of ISDH. Far from disdaining the ISDH, I think the ISDH and its Acute Care Division are essential to protecting the public from lawless abortionists. I think the ISDH holds the premiere responsibility in protecting mothers and enforcing the laws on the books. Unfortunately, though, the current administration of the ISDH are hell-bent on undermining ISDH's own rules. It is the current administration of ISDH and its legal staff that are hell-bent on making a mockery of the abortion laws by refusing to investigate credible complaints and by fostering positions that are more damaging than incompetent. I am seeking, and my clients are pleading — and have been pleading since they launched the Answer the C.A.L.L. campaign last February — that the ISDH simply cease the shenanigans that allow this repeat offender to continue to plague Indiana women and the rule of law.

Please remedy this situation immediately before we have a disaster on our hands in Indiana.

Sincerely

Shawn F. Sullivan

By November 2, 2015, when Dr. Klopfer executed the settlement documents, he was already facing Medical Licensing Board allegations that he violated the informed consent law, he had already admitted the 10 informed consent violations found by the ISDH, and he was facing revocation of his license for informed consent violations. That he would immediately violate the informed consent laws that last week of operation, in full view of the TOLC Advocates, while the ink was still drying on the settlement document, in full view of the TLC Advocates, demonstrates that he believes he is beyond authentic prosecution by the ISDH. That ISDH would not investigate these, even when knowing that Dr. Klopfer admitted during the June 3, 2015 survey that violating the informed consent law was his modus operandi, proves that ISDH is only feigning regulation of Women's Pavilion and Dr. Klopfer.

١,	Mandy			
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- 1. On November 28, 2014, I went to the Women's Pavilion for my counseling appointment.
- 2. I was there for counseling regarding an abortion, but on my way into the Women's Pavilion, I talked to a woman on the sidewalk by the name of Ellen Master. She presented alternatives to abortion, such as adoption, and offered me financial, legal, and medical assistance to eliminate the pressure on me to have an abortion.
- 3. I went inside to my counseling appointment, considering what Mrs. Master had told me. But during the counseling visit the abortionist asked me to sign-off on some paperwork and gave me a pill.
- 4. Upon my exit from the Women's Pavilion, I talked again to Mrs. Master, and, although I wanted to consider these options, I informed Mrs. Master that it was too late because the abortionist had already given me the abortion pill that I took in his office.
- 5. This all occurred over a two hour period during my first visit to the abortionist on November 28, 2014.

Mandy Mandy

12/1/15 Date



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner **EXHIBIT 4.c** Legal Opinion to ISDH

July 20, 2015

Mr. Shawn Sullivan 1717 East Wayne Street South Bend, Indiana 46615

Dear Mr. Sullivan:

The ISDH is in receipt of your letter received on July 17, 2015. Your letter, on behalf of your clients, TLC Advocates, voiced concerns over the ISDH's handling of the regulation of abortion clinics in this state. Specifically, you are dissatisfied over the closure of the TLC Advocate Complaints of Pam Washburn and Mary Ball. As you stated, these complaints relate to violations of Ind. Code § 16-34-2-1.1 concerning timing of the informed consent.

Ms. Pam Washburn and Mary Ball's complaint concerned the same violation identified and investigated by the ISDH on June 3, 2015 with its complaint survey of Women's Pavilion. The division has acted upon the results of the substantiated complaint and an action is pending before an Administrative Law Judge for the ISDH. An additional survey of the same complaint/allegation will not be conducted by the ISDH.

Thank you for your patience as the administrative process runs its course through the required channels.

Respectfully,

Randall Snyder, PT, MBA Division Director, Acute Care





Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner **EXHIBIT 4.d**Legal Opinion to ISDH

November 30, 2015

Via Regular Mail & Email (tomborekmci@gmail.com)

Mr. Tom Borek, Legal Assistant Shawn F. Sullivan, Attorney at Law, LTD 1717 East Wayne Street South Bend, IN 46615

Re: Complaints Regarding Women's Pavilion

Dear Mr. Borek:

The Indiana State Department of Health ("ISDH") has received your emails of November 23, 2015 and November 30, 2015, which delivered complaints made by several persons about activity at Women's Pavilion in South Bend. Specifically, we received complaints from Nick Keszei, Jennifer Borek, Ellen Master, and Zachary Spaulding on November 23, and from Pamela Washburn, Jennifer Borek, Jenna Kovatch, and Kristine Hunsley on November 30.

ISDH does not presently regulate Women's Pavilion, which is no longer licensed as an abortion clinic. As a courtesy, however, we have forwarded the complaints to the Office of the Indiana Attorney General, which will respond as it deems appropriate. Thank you.

Very truly yours,

Matthew Foster, Litigation Chief ISDH Office of Legal Affairs

MWF/gb



An Embarrassing Moment for Hoosiers..

INDIANA STATE DEPARTMENT OF HEALTH ("ISDH")
AND OTHER ENFORCEMENT
BODIES IN INDIANA ARE
PROTECTING AN ABORTTON
DOCTOR WHO REPEATEDLY
AND INTENTIONALLY
VIOLATES THE LAW AND
ENDANGERS WOMEN
DEMAND that ISDH and
other Indiana agencies
and law enforcement

Challenge Indiana Law Enforcement to PROTECT HOOSIERS:

ABIDE by the LAW and

PROTECT WOMEN!!

- ISDH failed to fine the out-of-state abortionist, Dr.
 Klopfer, even though Dr. Klopfer admitted to operating his abortion clinic in violation of the criminal laws requiring him to provide mothers with informed consent.
- 2. ISDH dismissed the informed consent violations and all other violations against Dr. Klopfer without permanent revocation of his clinic license. In fact, Dr. Klopfer still has his medical license and can obtain a clinic license.
- ISDH has ignored and still refuses to investigate over 48
 complaints filed by The Life Center ("TLC"). These
 complaints show more informed consent violations by
 Dr. Klopfer and other illegal abortions.

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EXHIBIT 5.a egal Opinion to ISDH

TLC sidewalk counselors offer adoption as protection from those forcing abortion, and shelter from domestic violence. In just three years, 102 mothers hearing this offer by TLC have decided not to go through with their scheduled abortion. That is why Dr. Klopfer and other pro-abortion forces are willing to do anything, including violating the informed consent law, to prevent mothers from considering these and other options. We know mothers want to hear what TLC has to say before going through with an abortion because they have said so. And regretfully, those mothers who were denied informed consent by Dr. Klopfer's abortion clinic, does not only serve to serves as the reason why a mother's informed consent, as required by Indiana law, is so vital ner and her family. In order to enable amother to make an informed choice about abortion instead of feeling forced to have an abortion -report on Dr. Klopfer's violations. TLC actually to enabling a mother to make the best choice for well as medical, financial, and legal support, Klopfer are lamenting their uninformed choice. The Life Center ("TLC"), located adjacent to Dr.

TLC is sponsored and operated by APOSTOLATE σ divine mercy in service of **HUMAN LIFE**

Go to www.DivineMercyforLife.net

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FLC is sponsored and operated by APOSTOLATE $_{o\!f}$ divine mercy in service of HUMAN LIFE

Go to www.DivineMercyforLife.net

Natural Family Planning • Theology of the Body Training • Natural Family Planning
• A Haven for Healing • Health-First • Life Support • Facts-First Health-First • TLC Advocates • Facts-First • Life Support • • Natural Family Planning • Content • A Haven For Health-First • Holy Family Adoption Agency • • A Days For Life, South Bend •
• Natural Family Planning •
• Holy Family Adoption Agency • Health-First • Silent No More • TLC Advocates •
TLC Advocates • Health-First • Natural Family Planning • Facts-First • Life Support
Answer the C.A.L.L. Campaign Citizens Against Licensing the Lawless
Originally launched on Ash Wednesday 2015 • As of Ash Wednesday 2016, there are 850 signatories
An embarrassing moment for Hoosiars. A year ago TIC I agal on behalf of the above clients

An embarrassing moment for Hoosiers: A year ago, TLC Legal, on behalf of the above clients, launched the "Answer the C.A.L.L. campaign" to urge the Indiana government — the Governor, the Attorney General, the Medical License Board, county prosecutors, and the Indiana State Department of Health (ISDH) — to finally hold Dr. Klopfer responsible for decades of operating an illegal abortion clinic in Northern Indiana. Sadly, such a petition was necessitated because the agencies of Indiana essentially encourage Dr. Klopfer to violate the law over and over again.

In the past two years alone, Dr. Klopfer has had two criminal cases brought against him and has been cited with numerous health code violations -- from un-monitored post-operation recovery to expired medications to illegal sedation of patients by unlicensed "nurses." After audio evidence was handed to ISDH and Attorney General, Dr. Klopfer was forced to admit that he was intentionally violating the informed consent law when providing abortions, a criminal offense in Indiana. The ISDH charged him with the 10 informed consent violations that Dr. Klopfer admitted, but recently settled that case with him, without a fine, and said he was free to re-apply to re-open his abortion clinic. The ISDH also dismissed another case against Dr. Klopfer without a fine or any other sanction. Meanwhile, the Medical License Board sits idle, and allows Dr. Klopfer to continue practicing while Dr. Klopfer's rap sheet expands. Accordingly, because Dr. Klopfer violates the criminal code in order to deny women the ability to make an informed choice, and because he endangers women's health by failing to adhere to minimum standards of patient care, every person interested in the Rule of Law should sign this petition.

OCTOBER 27, 2017 (/ABBYJOHNSON/2017/9/6/WHOLE-WOMENS-HEALTH-EXPOSED)

(/abbyjohnson/2017/9/6/whole-Whole Woman's Health Exposed womens-health-exposed)

former Planned Parenthood director Abby Johnson that helps abortion workers leave their Detailed inspection reports obtained by And Then There Were None, a group started by jobs, reveals dozens of health violations levied against Whole Woman's Health, which currently operates 4 abortion facilities in Texas. Whole Woman's Health is a chain of abortion facilities located mostly in Texas, with clinics also in Maryland, Minnesota and Illinois, who was also the plaintiff in the 2016 Supreme Court case Whole Woman's Health v. Hellerstadt. They won their case, which threw out safety standards and for abortionists to have admitting privileges to a hospital within 30 laws in Texas which would have required abortion facilities to meet common health and miles of the facility.

"As is common in the abortion industry, making a hefty profit is the bottom line and must be achieved over anything else, including the health and safety of patients," said Abby safety, as well as the safety of the abortion workers themselves, on the part of Whole Johnson. "The reports we obtained show a blatant disregard for women's health and Woman's Health. Women deserve this information. Before the Supreme Court decided in Whole Woman's Health favor, the abortion facility in prospective buyer, snapping photos of what appears to be blood on the walls and dirty Austin had shut down and was put up for sale. Abby Johnson toured that facility as a

"I was appalled at the state of the Austin Whole Woman's Health," said Ms. Johnson. "It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice."

According to the inspection reports, these are some examples of health violations at various Whole Woman's Health facilities from 2011-2017:

· Failed to properly disinfect and sterilize instruments that were used from woman to

- · Failed to provide a safe and sanitary environment products of conception were being examined and contaminated instruments were being washed in the same room
- · Emergency cart contained expired supplies and medications
- · Cracks, rips and tears on the vinyl covers of exam tables
- · There was a hole in the cabinet flooring that had "the likelihood to allow rodents to enter the facility"
- · Suction machines had numerous rusty spots having the "likelihood to cause infection"

"No wonder Whole Woman's Health took their case all the way to the Supreme Court. They needed to win in order to keep their doors open and make money. They had everything to lose if they didn't win," said Ms. Johnson.

To speak to Abby Johnson at And Then There Were None, please contact Kristina Hernandez at 908-902-8473. PRINTED: 08/03/2017

	STREET ADDRESS, CITY, STATE, ZIP CODE	STREETADD	NAME OF PROVIDER OR SUPPLIER
07/24/2017	B. WING	140013	
(X3) DATE SURVEY COMPLETED	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
FORM APPROVED		Ifh Services	Texas Department of State Health Services

	(X5) COMPLETE DATE						
na:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)						
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WHOLE W	(X4) ID PREFIX TAG	A 000				A 126	

(X6) DATE SOD - State Form LABORATORYS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE acceptable environment. These written policies shall include at a minimum the following:

STATE FORM

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If confinuation sheet 1 of 8

PRINTED: 08/03/2017 FORM APPROVED

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www.actable.books.com	This Requirement is not met Based on a review of docum	This Requirement is not met as evidenced by: Based on a review of documentation and an				
and the second s	interview with staff, the licens responsible for implementing written policies governing the operation and for ensuring th	interview with staff, the licensee failed to be responsible for implementing and enforcing written policies governing the facility's total operation and for ensuring that these policies are				

Findings were: Duning a tour of the facility on 7-24-17, a random count of Fentany(a Schedule II narozitic medication) was performed. 150 ml of Fentany was present in boxed vials. 2 ml of Fentany was present in an unopened vial (not in a box), 2 syringes, each pre-filled with 0.5 ml of the drug, represented 1 ml of Fentany fro a total of 153 ml of Fentany. The Fentany count on 7-24-17 was verified by staff #7, present during the tour and the narodic count sheet indicated that 154 ml of Fentany had been present during the dosing count conducted on 7-21-17 (which had been verified and signed off on by staff #8 and staff #9). In an interview with staff members #8 & #7, neither member was able to explain the 1 ml Fentany discrepancy and both staff stated that no patients had been seen since 7-21-17. According to https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II d
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staff members #6 & #7, neither member was able to explain the 1 ml Fentanyl discrepancy and both staff stated that no patients had been seen since 7-21-17. According to https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
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staff stated that no patients had been seen since 7-21-17. According to https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
According to https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
According to https://www.deadiversion.usdoj.gov/schedules/, a Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
Schedule II drug is described as follows: "Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
Schedule II/IIN Controlled Substances (2/2N) Substances in this schedule have a high potential
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STATEMENT AND PLAN C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140013	B. WING		07/24/2017	7
NAME OF PE	NAME OF PROVIDER OR SUPPLIER	STREET ADDE	STREET ADDRESS, CITY, STATE, ZIP CODE	; ZIP CODE		
WHOLEW	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	500		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 126	Continued From page	5.2	A 126			1447
	or physical dependence.	œ.				190 (190 f 1 - 190 (190 f 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), and parcost®), and	e Il narcotics include: udid®), methadone idine (Demerol®),				
114.500	fentanyl (Sublimaze®, Dura Schedule II narcotics incluc codeine, and hydrocodone	fentanyl (Sublimaze®, Duragesio®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.				
	Examples of Schedule IIN stimulants in amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).	Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).				
	Other Schedule II substances include: amobarbital, glutethimide, and pentob	Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital."				Western street and a service s
- Land Control of the	Facility policy titled "Medication Therapy Practices" stated, in part: "Controlled Medications Closing Count" 1. Each day that Controlled Medications a administered, at the end of the day, two stopen the safe and count each drug on the Controlled Medication log.	Facility policy titled "Medication Therapy Practices" stated, in part: "Controlled Medications Closing Count" 1. Each day that Controlled Medications are administered, at the end of the day, two staff will open the safe and count each drug on the Controlled Medication log.				

8. Any discrepancies b count and the anticipat resolved and reported in Discrepancies that can generate a Narcotics D reports of concern, i.e. drugs or careless hand the Medical Director/Cc the Quarterly Review." The above was confirm staff #6 and staff #7 on	8. Any discrepancies between the actual closing count and the anticipated closing count should be resolved and reported to the clinical manager. Discrepancies that cannot be resolved should generate a Narcotics Deviation Report. Deviation reports of concern, i.e. that indicate missing drugs or careless handling, should be shared with the Medical Director/Consultant and included in the Quarterly Review." The above was confirmed in an interview with staff #6 and staff #7 on the afternoon of 7-24-17.		
SOD - State Form STATE FORM		6869 H7XF11	If continuation sheet 3 of 8
Texas Department of State Health Services	Health Services		PRINTED: 08/03/2017 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	140013	B. WING	07/24/2017
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN. TX 78753	
	• • • • • • • • • • • • • • • • • • • •		

(X5) COMPLETE DATE

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID PREFIX TAG

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		140013	B. WING		07/24/2017	2017
NAME OF F	NAME OF PROVIDER OR SUPPLIER	STREET ADD	STREET ADDRESS, CITY, STATE, ZIP CODE	E, ZIP CODE	W	
WHOLE	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	200		
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	N BE RATE	(X5) COMPLETE DATE
A 257	Continued From page 4	7	A 257	And the state of t		
	however the facility was utilizing old logs the not contain a prompt to document this information. The new forms also did not ha area to document duration of the exposure phase.	as utilizing old logs that did to document this forms also did not have an ation of the exposure				
	With no documentation of these unknown if these loads and instrueffectively sterilized.	With no documentation of these elements it is unknown if these loads and instruments were effectively sterilized.				
	Facility policy titled "Decontamination, Disinfection, Sterilization, and Storage Supplies" states, in part: "Performance Records Performance records for all sterilizers	Facility policy titled "Decontamination, Disinfection, Sterilization, and Storage of Sterile Supplies" states, in part: "Performance Records Performance records for all sterilizers will be				

	maintained for each cycle. And will be retained for two years.(sic) These records will be available for review within two hours during the specified two-year period.			
, 100	All sterilizers will be monitored during operation for pressure, temperature, and time at desired temperature and pressure. The performance record will include:	·····		
	-Sterilizer identification number -Sterilization date -Sterilization time			
	-Load number -Pack ID#			
	-Duration and temperature of exposed phase -Identification of operator			
	-Results of biological tests and dates performed -Time/temperature recording charts from each sterilizer"			
	The above findings we confirmed on 07/24/17 in an interview with staff member #7.	**************************************		
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(X2) MULTIPLE CONSTRUCTION

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X3) DATE SURVEY COMPLETED

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さい アン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	STREET ADD	STREET ADDRESS, CITY, STATE, ZIP CODE	managayyyyy	
WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY TAG REGULATORY OR LE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER PREFIX (EACH CORRE TAG CROSS-REFERE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 315 Continued From page 5	3.5	A315		
A 315 House Bill 2 Medical and Clinical Services	and Clinical Services	A315		
A physician must provider the pregnant we with: a) a telephone number by which the pregnant woman may reach the physician hours a day to request assistance for any complications that arise from the abortion health-related questions regarding the abortion and b) the name and telephone number or nearest hospital to the home of the pregnation woman at which an emergency arising fro abortion would be treated.	A physician must provider the pregnant woman with: a) a telephone number by which the pregnant woman may reach the physician, 24 hours a day to request assistance for any complications that arise from the abortion or ask health-related questions regarding the abortion; and b) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.			
This Requirement is not met as evidence Based on a review of clinical records and interview with staff, the physician failed to the pregnant women with the name and telephone number of the nearest hospital home of the pregnant woman at which an emergency arising from the abortion woull treated.	This Requirement is not met as evidenced by: Based on a review of clinical records and an interview with staff, the physician failed to provide the pregnant women with the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.			
Findings were:				
During a review of 21 clinical record 21 records (patients #2, #3, #4, #5, #14, #15 and #16) contained no dox that the patient had been furnished and/or telephone number of the neather than the contained	During a review of 21 clinical records, 10 of the 21 records (patients #2, #3, #4, #5, #6, #12, #13, #14, #15 and #16) contained no documentation that the patient had been furnished with the name and/or telephone number of the nearest hospital			

emergency arising from the abortion would be treated.	
-Patients #2, #3, #4, #5 and #6 had been provided with a hospital name but no telephone number for the hospital.	
-Patients #12, #13, #14, #15 and #16 had been	

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If continuation sheet 6 of 8

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STATEMEN	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	ΛĒ,
AND PLAN	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	***		3
		140013	B. WING		07/24/2017	2017
NAME OF P	NAME OF PROVIDER OR SUPPLIER	STREET ADDR	STREET ADDRESS, CITY, STATE, ZIP CODE	E, ZIP CODE		
WHOLEV	WHOLE WOMAN'S HEALTH ALLIANCE		8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	200		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	E	(X5) COMPLETE DATE
A 315	Continued From page 6	9	A315			
27-2-27/)	provided with neither a hospital na telephone number for the hospital.	provided with neither a hospital name nor a telephone number for the hospital.				
WALKS I VIOLES IN	The above was confir	The above was confirmed in an interview with				

	staff #7 on the afternoon of 7-24-17.	Polimone	Per 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
<u>~</u>	A 327 House Bill 2 Medical and Clinical Services	A 327		
	Physicians must ensure that abortion-inducing drugs are used according to FDA regulations that require the women to visit the physician in person for each of the two doses of the abortion pill, as well as for a follow-up appointment within 14 days. The physician must provide the woman with a copy of the final printed label of the abortion-inducing drug.			
	I his Requirement is not met as evidenced by: Based on a review of clinical records and an interview with staff, the physician failed to ensure that the patient was scheduled for a follow-up appointment within 14 days.			
	Findings were:			
шоо	Based on the review of 21 clinical records, 1 of 21 (patient #1) was not scheduled to return to the clinic for a follow-up visit within the required 14		***************************************	
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	(X3) DATE SURVEY COMPLETED	07/24/2017			(X5) COMPLETE DATE							
		20	IP CODE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)							
William .	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753	ID PREFIX TAG	A 327						
th Services	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	140013	STREET ADDI		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	2	days (appointment was scheduled for 21 days after).	The above was confirmed in an interview with staff #7 on the afternoon of 7-24-17.				
Texas Department of State Health Services	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NAME OF PROVIDER OR SUPPLIER	WHOLE WOMAN'S HEALTH ALLIANCE	SUMMARY STATEMENT OF (EACH DEFICIENCY MUST BE PI REGULATORY OR LSC IDENTIFY	Continued From page 7	days (appointment wa after).	The above was confirmed in an interstaff #7 on the afternoon of 7-24-17.				
Texas Dep	STATEMENT (NAME OF PR	WHOLEW	(X4) ID PREFIX TAG	A 327						

If continuation sheet 8 of 8 PRINTED: 11/21/2016 FORM APPROVED (X3) DATE SURVEY COMPLETED 11/08/2016 (X2) MULTIPLE CONSTRUCTION A BUILDING: H7XF11 B. WING 6889 Texas Department of State Health Services
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION
IDENTIFICATION NUMBER: 140007 SOD - State Form STATE FORM

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X4) ID PREFIX	SUMMARY, STATEMENT OF DEFICIENCES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DARE
A 000	TAC (39 Initial Comments	Aooid		
	Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. An entrance conference was held with the facility co-owner on the morning of 11-7-16. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.		REVIEWED	
•	Confinued licensure is recommended, with an approved plan of correction.		DEC 13 2016	
	An exit conference was held with the facility co-owner and other administrative staff on the afternoon of 11-8-16. Preliminary findings of the survey were discussed, and an opportunity given for questions.	ىدىنىيە ئەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپىدىنىت دەرىپى دەرىپىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلىدىنى ئالىرىلى	m. Dande Wilson,	Q .
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rokwi APPROVED	(X3) DATE SURVEY COMPLETED	11/08/2016			CONIPLETE DATE		¥ •	
	E CONSTRUCTION	111	STREET ADDRESS; CITY, STATE, ZIP CODE	4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 SAN ANTONIO, TX 78222	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRATE DERCIENCY)		A143	The Clinic Manager will be responsible for ensuring staff members received an annual evaluation of employee's performance. The Clinic Manager has created a detailed schedule to complete all staffs annual
•	(XZ) MULTIPLI A. BUILDING:	B. WING	RESS, CITY,	4025 E SOUTHCROSS BLY SAN ANTONIO, TX 78222	ID PREFIX TAG	A143	A 143	
ealth Services	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	140007	STREETADD	,	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)	z ab	A143 TAC 139,43(2)(3)(4)(5) Personnel Policies	(2) a requirement for orientation of all-employees, volunteers, students and contractors to the policies and objectives of the facility and participation by all personnel in employee training specific to their job. (3) job-related training for each position;
Texas Department of State Health Services	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	4.	NAME OF PROVIDER OR SUPPLIER	WHOLE WOMANS HEALTH OF SAN ANTONIO	SUMMARY STATE EACH DEFOENCYN REGULATORY OR LSO	A 143 Continued From page 2	TAC 139,43(2)(3)(4)	(2) a requirement for volunteers, students policies and objectiv participation by all p specific to their job; (3) job-related traini
Texas De	STATEMEN AND PLAN	,	NAME OF P	WHOLE	(X4) ID PREFIX TAG	A 143	X143	133 1
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employee performance; (5) in-service and continuing education requirements;	evaluations, this process was started on November 15, 2016, and all evaluation reports will be submitted to the DCS by January 15, 2017.	
	The Director of Clinical Services will ensure that new Clinic Manager is trained to adher to the current written employee policy.	
This Requirement is not met as evidenced by: Based on review of documentation and interview, the facility falled to ensure that an annual evaluation of employee performance was completed.	In order to ensure continued compliance with the Employee Policies, the Clinic Manager will ensure that all staff files are reviewed and evaluations are scheduled as part of the OA committee meeting.	Q1/15/2017 as
Findings included:	÷	
Review of the facility personnel files revealed that 6 out 10 employees, did not have a current annual evaluation completed. Staff member # 1's last annual evaluation was completed on 10/15/15. Staff member # 7's last annual evaluation was completed on 07/14/14. Staff member # 7' had no annual evaluation completed with a hire date of 08/17/15. Staff member # 8's last annual evaluation was completed in March 2015. Staff member # 9 last had a 90 day review completed on 04/10/14.	·	
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LAN	STATEMENT OF DEFICIENCES. AND PLAN OF CORRECTION	(X1) PROVIDERSUPPLERICLIA DENTIFICATION NUMBER	(XZ) MULTIPLE A. BUILDINGS.	A BULDING:	(X3) DATE SURVEY COMPLETED	RVEY	
		149007	B. WING		11/08/2016	2016	
ê ÖF.F	NAMÉ OF PROVIDER OR SUPPLIER	,	RESS, CITY, S UTHCROSS	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS, BLVED BLDG 5, SUITE 30			***************************************
	MATOLE WOMANS HEALTH,O	F SAN ANTONIO SAN ANTO	SAN ANTONIO, TX 78222	222		A Company	- ''
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A 143	Continued From page 3	ge 3	A 143				_
	was completed on 07/17/15.	onities.			LA W AF		
	In an interview on 1 and '11 confirmed to current annual eval members.	In an interview on 11/08/16, staff.members #10 and 11-confirmed the facility was unable to locate current annual evaluations for the above staff members.				3, AC C1	
A.197	TAC 139.48(1)(A) Requirements	Physical & Erivirorimental	A 19Z		<u> </u>		
and the second s	The physical and e a licensed abortion (1) A facility shall: (A) have a safe and properly constructe to protect the health staff at all times;	The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shalt: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained, to project the health and safety of patients and staff at all times;	is .				
	This Requirement	is not met as evidericed by:			·		
Ą-201	TAC 139.48(1)(E)(A201 TAC 139.48(1)(E)(F) Physical & Environmental	A201				

Not State: Health Services State: Health Services State: Health Services State: Health Services State: Health Services State: Health Services State: Health Services State: Health Services State: Health Services A Bunding: A	NAUMSER A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED, BLDG 5 SUITE 30
TA0007	te: Health Services (xg) providersuppliencing (xg) which in the construction in the control in
B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED, BLDG 5 SUITE 30
	WHOLE WORMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222

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COLPTETE DATE	01/17/2017	23 E
PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED, TO THE APPROPRIATE - DEFICIENCY)	The Clinic Manager will be responsible for ensuring that hazardous deaning solutions and compounds are stored in a secure mainter. Cleaners and solutions stored in laundry room area will be moved to a designated storage area. A tock will be installed on the storage closet door. The Clinic Manager will conduct an in-service with all staff to advise what materials will be stored in the closet and also to advise staff that the storage moin door must remain locked during clinic hours. To ensure continued compliance, the CA committee will inspect the storage doset during the QA committee meeting.	WVQFj1 If cominuation sheet
ID PREFIX TAG	A 201	Ñ.
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. (DENTIFYING INFORMATION)	Continued From page 4 Establishments); This Requirement is not met as evidenced by: Based on observation, the facility failed to store hazardous cleaning solutions and compounds in a secure manner. Findings were: During a tour of the facility on 11-8-16, the laundry area (closed off only by a curtain) contrained a shelving unit where various cleaners and chemicals such as germicide, enzymatic cleaners and bleach were stored. The above was confirmed in an interview with the co-owner and Director of Clinical Services on the afternoon of 11-8-16.	
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		SPEET MODES, CITY, SPACE, 2P COSE		FROUDERS PLANOF CORRECTION (EXCHIOCRECINE ACTION SYOUE) BE CROSSASSIBLENCE TO THE APPROFIME DERICENT	STATE STATES	
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Texes Denartment of Seda Health Services	M) FRANCESIER SENIA DESTERONIONIMISES:		WHOLE WOLLING REALTH OF MODILIEN LP	SALVAN SALEXEN OF DENCELLES (SOCH DESCENCY MIST RE FRECEDED ET RAL REGLANDRY UR LSO BENTFITTER BEORVANCK)	Sonmerits	Note: The State Form is an official, legal document, All information must remain unchanged except for entantly the plan of correction, correction dates, and the signature space. Any decrepant in the original deficiency classificants) will be referred to the Office of the Class Attorney General (OAG) for pussible franch, if information is inequestably changed by the provident supplies, the State Survey Agency (SA) strough be malified from extend by malified from extends on the morning of 9/19/2005 to contact a Re-inconsus Survey to determine complemes with 25 TAC Chapter 139 State Licensing Rules for Abordica Feedly.
ostnert of Stut	אים השישה על האים אים האים אים האים אים האים האים אים האים ה	MALE OF THOMBER OF SUFFLEE	There were	אהעבתוף באברנו (1962) איאוסדיגעניפיא	A 000 TAC 139 Initial Comments	Note: The State document, All in underlined exp contection, carry described expenses. Any described expenses of the contection is provident supplies are unamourned of 913,2005 to desermine compagnet expensive compagnet.
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kir, elek hi 199 deki kladelin men merormayan makalmaga, kepi baya dakan angan kalabah 4 kenggi diken paja mela	A 167	numpanagangan akiri petaangula y pol asanyilga khaz ligol kipilka	
An enhance conference was conducted with the Chric Manager. The purpose of the visit and procedure for the survey was discussed. An exit conference was conducted on 9/13/16 with the Clinic Manager. Violetions were cited. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for facility to provide evidence of compliance with those requirements for which non-compliance hied been found.	A 197 TAC 139.48(1)(A) Physical & Environmental Requirements	The physical and eminonmental requirements for a ficensed abortion facility are as follows. (1) A facility shalt: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and safet at all fines.	- Au
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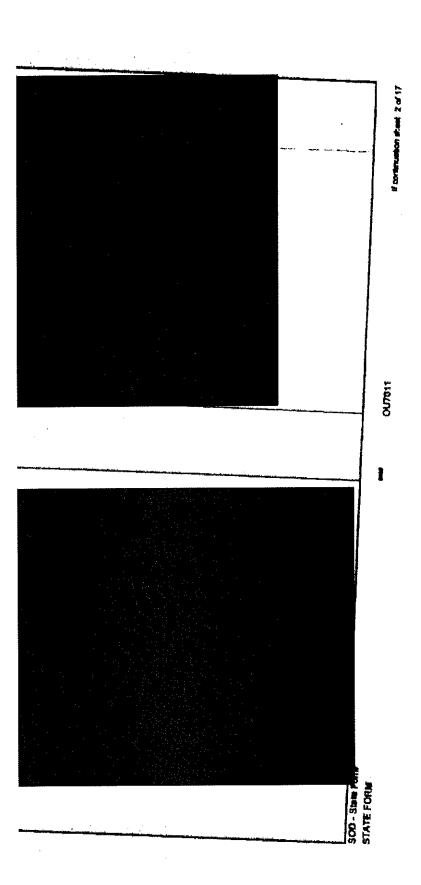
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SURVEY	09/13/2016			CCAPTETE DATE			10/30/2016
(X2) MUJIPLE CONSTRUCTION A. BUILDING. COMPLETED	160	ATE, ZIP CODE		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPEOPRIATE DEFICIENCY)		A 197 The Clinic Manager will be responsible for ensuring that our facility maintains a safe and sanitary environment, properly constructed and equipped to protect the health and safety of patients and staff at all times. During the survey on 09/13/2016, the surveyor noted that the laminate countertop in the pathology room was warped and bowed away from the particle board exposing the particle board material. The Clinic Manager will hire a contractor to remove and replace damaged countertop in Pathology Room.	In order to ensure that the facility maintains a healthy and safe environment for patients and staff, the Clinic Manager will complete a physical walk through of the facilities while
(XZ) MIRJIPLE (A. BUILDING:	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	302 SOUTH MAIN STREET MC ALLEN, TX 78501	O PRETIX TAG	A 197		
(X1) PROVIDENSUPPLIENCLA DENTIFICATION NUMBER:	0.08036	STREET ADD	OF MCALLEN LP 802 SOUTH	SURVARY STATEMENT OF DEFICIENCIES (SACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC (DENTIFYING RIFORMATION)	page 1	This Requirement is not met as evidenced by: Based on observation and interview, the facility falled to provide a clean and sanitary environment to protect the health and safety of patients and minimize the transmission of infections. The findings included: Observations on 9/15/14 at 10:00 a.m. of the facility's pathology room, revealed the laminate counter top was warped and bowed away from the particle board based, exposing the particle board based, exposing the particle board harbor bacteria and infectious matter. This room was also used to clean and pack surgical instruments. Interview with the facility clinical coordinator confirmed the above finding.	
Texas Department of State Health Services Statement of Dehonerors (x1) PROVDERS AND PLAN OF CORRECTION IDENTIFICATION		NAME OF PROVIDER OR SUPPLIER	WHOLE WOMANS HEALTH OF	SUKMARY STA. (SACK DEPOIENCY REGULATORY OR LE	Continued From page	This Requirement is not met as evic Based on observation and interview, falled to provide a clean and sanitary to protect the health and safety of paminimize the transmission of inflection minimize the transmission of inflection. The findings included: Observations on 9715/14 at 10:00 au facility's pathology room, revealed it counter to was no forget the particle board based, exposing the particle board based, exposing the board. The counter top was no longs surface which could harbor bacteria infectious matter. This room was also clean and pack surgical instruments clean and pack surgical instruments interview with the facility clinical coorconfirmed the above finding.	
Texas Der Statement And Plano		NAME OF PR	WHOLEN	(X4) (D PREFUX TAG	A 197		

Economistical sheet 2 of 2 completing the Quarterly Clinic Reports. Any needed repairs will be included in the above reports and repairs scheduled immediately. XFWV11 ij SOD - State Form STATE FORM

PRINTED: 12/07/2011 FORM APPROVED COMPLETE CONTE 11/17/2011 COMPLETED PROVIDENTS PLAN OF CORRECTION (EACH CONNECTIVE ACTION SHOULD BE CHOSS NETENDACED TO THE APPROPRATE DEFICENCY). POS) MULTIPLE CONSTRUCTION BIREET ADDRESSE CITY, STATE, 27º CODE A BLALDING B. WENG 440 18TH ST STEA BEAUMONT, TX 77703 Patro Tag (X1) PROVIDENSUPPLENCIA IDENTIFICATION NUMBER: SUMMARY STATEMENT OF DESCRIPCES.
(EACH DESCRIPCY MUST BE PRECEDED BY FULL REGULATORY OR LEGIDENTFYING MFORWATION) 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR BUPPLIER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PREFIN

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AND PLAN OF CORRECTION	(X1) PROVIDENSUPLIENCIA DENTIFICATION NAMER:		KCS MULTIPLE CONSTRUCTION	CAST CATTE OF ENEWS
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WHOLE WORKS SET SET SET SET SET SET SET SET SET SE		SHREET ACCREBA, CITY, STATE, 229 CODE	IATE, 2P CODE	11/17/2011
CHANGE HEALTH OF BEAUMONT	7 :	440 18TH ST STEA BEAUMONT, TX 77709		
DATE TO SUMMARY BIANT	CEMBAT OF DEFICIENCIES			
	HEGALATORY OR LIST DENTRYING MEGRINATION	o Marie	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SPOULD BE CROSS-SETTING ACTION SPOULD BE	753 754 754 754 754
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	AND FLAM OF CORRECTION	IDENTIFICATION NUMBER:	- N R R	DES MATPLE CONSTRUCTION	
			A BLATONG		COMPLETED
NAMEORD	NAME OF PROTURES OF THE	008137	B WANG		
			Spring out	STREET ADDRESS ATTA	14.H 7.maa.*
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26.00	Name of Street	BEAUMON	BEAUMONT, TX 77703		
PREFIX TAG	(EACH DEFICIENCY MU REGULATORY OR LISC:	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION	PREEDLY TAGE	PROMOERS PLAY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS, RESERVED.	25 S
A 247				DEFCERCY	<u> </u>
1	Control Communer, Training, Competency	Uning, Competency	A 247	The Clinic Administrator will be	
er Andrews	(c) The facility shall enaure that staff menonsing	o that staff recoverable.		responsible for ensuring all personnel	
· · · · · ·	Tot startization of critical surplical instruments are	urpical Instruments are	:	Involved in Decontamination and	
********	\$138,48(d) of this HAM front	set the requirements of		Sterilization Processes will complete the	4
	Control Standards) and demonstrate connection	monstrate competence		Orientation and Training Checklists, as	
	In performing the starlization procedures at the	on procedures at the	·····	Well as demonstrate accurate	÷
_,		•		competency, (See procedure attack at	
		1	•	A staff Re-Training and n. m.	
. · · · ·	This Requirement is not mat as evidenced to	A SE POST SOCIAL TO SE		all personnolimms and ne-Urientation of	of
	Eased on demonstration and Informer the facilities	of Interview the facility		personnel involved in infection control	trol
	railed to ensure the staff was trained in	a trained in		practices will be facilitated by 02-10-12	
	evenuzation process of surgical instruments.	ical instruments.	,	This training will include a thorning	,
<u></u>	During the demonstration is a second			review of WWH Sterlization and	71-01-20
α.	poet pouches (a type of packana man for	Kind the A White Labra	<u></u>	Decontamination practical	
<u>.</u>	Instruments that is sealed with a new seal		- QU	XTianation of the	
## \	actionally seed) revealed staff #2 did not know the	T#2 did not know the	Į	de importance of	
1	Must be the for the use of the past pouch.	of the pael pouch.	<u> </u>	sterntation indicators in all surgical pack	-3
to	a open area in the package.	Trile package sharlest	<u> </u>	and instruments. All instruments will be re-sterilized following the	Ú
ō	I toxistics the startill is			Methods of Decontamination	- The second
E	instruments are kend formy area where starte	Bet Withdree stories		Sterilization	
8	pouches sealed and sterlized with	was (o) has	· · 7		
25	still present in the starile package. Opened	Signer Constant		The Clinic Administrator will be	
	with the first instrument and found no	and found no	<u> </u>	responsible for ensuring all	
2	not know what a starting peckage. Start #2 old	chage. Staff #2 did	ā	Decontamination and Sterilization	
*	what it is used for in the sterioration pro-	Indicator was or	Ď,	practices are being followed accurately. h.	
-	The state of the s			inspecting all surgical packs and nourbox	· ·
Ž	P.M. saked the surveyor in America 4:00	11/16/2011 at 4:00	5	on a weekly basis for a period of 90 daws	
g	proper technique on how to see the na-	A the parties	*	if no deviations are found during this	
5 7	An interview with the Administrator on 11/16/2011	afor on 11/15/2011	<u> </u>	evaluation period the present of	
ř	ALASS CONFIDENCE AND LINE				_

Microsoftwaters after 3 of 17 Medical Services will assess competency of the Administrator as well as all staff involved in Infection Control Practices - during QA Visits. EKONBONE LINE indicators in the facility. SOD - State Form STATE FORM

FORM APPROVED PRINTED: 12/07/2011 11/17/2011 OCT) DATE SURVEY COMPLETED PROVIDER'S PLAN OF CORRECTION: (SACH CORRECTIVE ACTION SHOULD BE CHOSS-NET FIGENCED TO THE APPROPRIATE DEFICIENCY) DC2) MALTIPLE CONSTRUCTION STREET ACCRESS, CITY, STATE, ZP COOF A BLADING B. HANG 440 15TH ST STEA BEAUMONT, TX 77703 西野 54 SUMMARY STATEMENT OF DEFICIENCIES (ENCH DEFICIENCY MUST BE PRECEDED BY FOLL REGULATORY OR LISC IDENTIFYING INFORMATION) (X1) PROVIDER/SUPPLERICLLA IDENTIFICATION MANBER: 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR SUPPLIER STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION OKO ID PRESTITA

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A 252 A 255

A 252 | Continued From page 3.

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FORM APPROVED PRINTED: 12/07/2011 COMPLETE DATE 02-10-12 11/17/2011 COMPLETED staffing requirements are met, including our staffing and nursing coverage. During the time in question WWH contracted the Code, Title 25, Chapter 139, Subchapter Care (B) Nurshg Staff. Whole Woman's having an LVN at the facility during direct The Clinic Administrator will ensure an As outlined in the Texas Administrative D, and Section 139.46 (3) Direct Patient Health has always been compliant with an LVM or RN as part of Direct Patient patient care hrs. In addition to having a services of a nursing agency in order to (EACH CORRECTIVE ACTION BHOULD BE CROBB-REFERENCED TO THE APPROPRATE DEFICIENCY) PROVIDER'S PLAK OF CORRECTION satisfy the nursing requirements by (KZ) MULTIPLE CONSTRUCTION 7374-1- TEE Care Staff. STREET ADDRESS, CITY, STATE, ZP CODE A261 A BURDING 440 18TH ST STEA BEAUMONT, TX 77723 B. WANG 8 g 85 A 253 A 281 (X1) PROMIDENBUPPLENCLA IDENTIFICATION NUMBER: (EXAM DEFORMEY MUST BE PRECEDED BY FULL REGULATION ON LISC IDENTIFYING MEGRAMICH SHAMARY STATEMENT OF DEFICIENCIES 008137 Texas Department of State Health Services A 201 139.46(3)(B) Staffing Requirements WHOLE WOMANS HEALTH OF BEAUMONT (3) Direct patient cars start NAME OF PROVIDER OR BURPLIER STATEMENT OF DERCIENCES AND PLAN OF CORRECTION PREFIX TAG

(B) Nursing start. The nursing staff shall include a registered nurse(s) or a licensed vocational nurse(s).	This Requirement is not met as evidenced by: Based on record review and interview the facility falled to staff the clinic with a registered nurse(s) or a ficensed vocational runse(s).	Review of staffing record and personnel records revealed no full time licensed nurse in the facility. Record review revealed a contract agency nurse m	
was hired on 11-18-11, her Orientation documents, Trainings, Competencies, and Vaccinations have been initiated and are been kept in her personnel file.	The Administrator will monitor the completion of nursing staff hiring and training process. Including orientation	and training of agency nurses.	

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PRINTED: 12/07/2011 FORM APPROVED 11/17/2011 (X3) DATE BURNEY COMPLETED PCT NULL TIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, 2P COIN A. BULDBAS B. WONG 440 18TH ST STEA (X1) PROMOERCEUPLIERICLA DENTIFICATION NUMBER: Texas Department of State Health Services 008137 WHOLE WOMANS HEALTH OF BEAUMONT NAME OF PROVIDER OR BUPPLER STATEMENT OF DISTOLENCIES AND PLAN OF CORRECTION

PREFIX	(EACH DEPOSENCY MAST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING MECHANISMS	OL PROSTORY	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE ARBENTAL	COMPLETE
A 2861		100.4	DEFCIEACY	7. Y
	was being statified part time in the facility. In reviewing agency nurse's personnal file it was revealed the facility falled to orientate the agency nurse to the abortion facility.		;	***************************************
	An interview with the agency nurse on 11/16/2011 at 5:00 PW, confirmed she worked there part time. She stated "I work for a hospital in Houston time the agency".			Warring Springer
	An interview with staff #1 (Administrator) on 11/16/2011 at 5:30 PM, confirmed the full time inst day worked in the facility was November 3, 2011.		A274 The Administrator will be responsible for	
A 274	,	A 277.6		
	(b) The administrator shalf. (6) ensure that staff receive training, education, and orientation to their specific job description, facility personnel policies, philosophy, and emergency procedures in accordance with this section;		ne c	04-10-12
10 TO 10	This Requirement is not met as evidenced by: Based on record review and interview the facility administration failed to ensure staff received training, echanisting, and orientation to their specific job description.		with the Clinic Administrator to ensure proper follow through of Company Policies. All personnel records, orientation, and proof of follow through of company policies regarding Personnel	
CESS.	A review of the agency nurse's personnel file revealed no decumentation the facility administration had orientated the agency nurse to the abortion facility.	Ann and D.	Records will be completed by 02-10-12, this procedure will also be followed for per diem, agency, and temporary staff.	
A 11 Me	An interview with staff #1 (Administrator) on 11/16/2011 at 5:30 PM, confirmed the personnel file of the agency nurse contained no documentation the facility had oriented the	<u> </u>	The Administrator will monitor all personnel records in a monthly basis in order to ensure proper maintenance.	

PRINTED: 1207/2017 FORM APPROVED COMPLETE. 11/17/2011 COMPLETED The Clinic Administrator will ensure the equipment to suffer damage due to the wear and tear of regular use and repairs PROADER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-NETENCED TO THE APPROPRATE DEFICIENCY) It is not unusual for office and medical facility's physical and environmental requirements are followed. (XZ) MALTIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZIP CODE A283 A BULLDAG B. WANG 440 18TH ST STEA BEAUMONT, TX 77703 PREFEE TANK A 274 A 283 (X1) PROVIDERSUPPLERCUA DENTFICATION NUMBER: SURVARY STATEMENT OF DEFICIENCIES.
(EACH DEFICIENCY MAST BE PRECEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION) The physical and anvironmental requirements for properly constructed, equipped, and maintained to protect the health and selfety of patients and (A) have a safe and sanitary environment, a licensed aborton facility are as follows. A 288 (139,48(1)(A) Physical & Environmental 008137 Texas Department of State Health Services agency nurse to the Abortion facility. WHOLE WOMANS HEALTH OF BEALINONS A 274 | Continued From page 8 NAME OF PROVIDER OR REPRIES (1) A facility shall: STATEMENT OF DEPOSHOES AND PLAN OF CORRECTION staff at all times: Requirements

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completely repaired and did not affect Was not available for patents until

patient safety in the clinic. The clinic had

2 other exam rooms available for patient care, without hindering the patient's

exam table has been completely repaired and it is now available for patient care. safety at any point. At this point, the

Procedure room #2 will be repaired, as The loose cover on the drain on

well as the rusted spots on the suction machines. These repairs will be

Administrator will contract with a medical completed by 02-10-12. The

deaning company to clean, and buff the

floors to address the rust stains that are a natural result of metal equipment seating

During the tour of the facility on 11/15/2011 at

11000

Riconstruction states 7 of 17

Findings Included

failed to provide a sale and sankay environment.

Based on observation and interview the facility This Requirement is not met as evidenced by

3:00 PM observed in exam room #1 there was a sign on the bed witten it was broken. The bed During the four of the facility on 11/15/2011 at someone was to suppose to come fix the bed. remained broken during the survey. When questioned the Administrator, she staind

there was a drain in the middle of the room, but the coverwas loass and caused a hole to be in During the tour of the facility on 11/15/2011 at 3:20 PM observed in the procedure room #2 the floor right in front of the patient's bed.

medifine used on the patient for evacuation of the there was numerous rusty spots on the suction During the lour of the facility on 11/15/2011 at 3:20 PM observed in the procedure room #2 products of conception,

SOO - State Form STATE FORM

FORM APPROVED PRINTED: 12/07/2011 COSMPLETE DATE 02-10-12 11/17/2011 OCS DATE SURVEY COMPLETED the clinic, and will offer a staff training to on vinyl floors throughaut the clinic. A equipment It's in optimal functioning and emergency evacuation plan throughout ensure all personnel is aware of proper environmental requirements in order to provide a safe environment for patlents. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICENCY extinguishers for proper functioning. contacted in order to inspect all fire fire extinguisher company will be PROVIDERS PLAN OF CORRECTION emergency evacuation procedure. The Administrator will post the The Administrator will ensure all complaint with physical and See correction for A283 DOD MALTIPLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZP CODE A284 A BURDING 440 18TH ST STEA BEAUMONT, TX 77703 B. WONG 5 K 2 Z A 283 A 284 (X1) PROVIDENSUPPLEMENTALA IDENTIFICATION NUMBER: 3:00 PM observed the facility's floor were stained (EACH DEFICIENCY MUST BE PRESENTED BY FULL REGULATIONY OR LSC IDENTIFYING NFORMATION An interview with the administrator on 11/15/2011 evacuation plan of the building was not posted for and discolored which gives the appearance of During the four of the facility on 11/15/2011 at assures the physical safety of 48 individuals in the The physical and environmental requirements for Exclinguishes were lest inspection on March of During the tour of the facility on 11/15/2011 at BUMMARY STATEMENT OF DEFICIENCES room \$1, there was a hole in the in procedure at 4:00 PM confirmed the bed was broken in procedures can be performed in a manner that 3:00 PM observed no postinge of a plan to evacinate the building in case of a disaster. 3:00 PM observed the three facility's fire room #2, the floors were stained, and the the safety of the patients and employses. 008137 a licensed abortion facility are as follows. Texas Department of State Health Services 138.48(1)(B) Physical & Environmental (B) squip each procedure room so that WHOLE WOMANS HEALTH OF BEAUMONT Continued From page 7 NAME OF PROVIDER OR SUPPLIES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT ON (1) A facility shape being day. Requirements A 283 7.68.7 7.68.7 7.60.7 A 284

failed to provide safe equipment in the patient's Based on observation and interview the facility This Requirement is not met as evidenced by: Durhig the tour of the facility on 11/16/2011 at Findings included: procedure rooms. SOD - State Form STATE FORM

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PRINTED: 12/07/2011 FORM APPROVED Contract 11/17/2011 COMPLETED PROVIDERS PLAN OF CORRECTION (EACH CORRECTION ACTION RHOULD BE CROSS REPERENCED TO THE APPROPRATE DESCRIPCY) (K2) MULTIPLE CONSTRUCTION BIREET ADDRESS, CITY, STATE, ZP CODE A. BERLDING D. HENG 440 18TH ST STEA BEAUMONT, TX 77703 PASS TAG A 284 (X1) PROVIDENBUPPLIEBOUA IDENTIFICATION NUMBER: BLAMMARY BTATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FIRE REGULATORY ON LISE IDENTIFYING INFORMATION) 008137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONT 3:00 PM observed in access A 284 Continued From page B NAME OF PROVIDER OR SUPPLIES BTATEMENT OF DEFICIENCES AND PLAN OF CORRECTION

Someone was to suppose to come fir the		
During the tour of the facility on 11/15/2011 at 3:20 PM observed in the procedure room #2 there was numerous rusty spots on the suction products of conception.		
An interview with the administrator on 11/15/2011 at 4:00 PM confirmed the bed was broken in room \$1, and there were numerous rusty spots on the suction machine used on petients for evacuation of the products of conception.	,	
A 289 139.48(1)(D) Physical & Environmental Requirements	A 286	A286
The physical and environmental requirements for a ficensed abortion facility are as follows. (1) A facility shall: (D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff		The Clinic Administrator will be responsible for ensuring all staff is properly trained on the facilities emergency evacuation plan (See Attached)
facility at all be able to demonstrate their role or responsibility to implement the facility 's emergency evacuation protocol required by this subparagraph;		A staff in service will be facilitated by 02- 10-12 in order to train the staff on the Facility's Emergency evacuation plan (Fire, and Natural Disasters)
Based on reconstruct is not met as evidenced by: falled to conduct and follow the facility fire and/or disease drifts for evecuation of patients and staff in the facility.		The Clinic Administrator will ensure an annual Emergency Evacuation Drill has been completed, and documented.

Texas Department of State Health Services

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AND PLAN OF CORRECTION	(X1) PROMDERVELPPLIERVOLA			
	DENTIFICATION NUMBER		PUT) MELLIPLE CONSTRUCTION	OCO DATE STREET
		A BURDING	9	COMPLETED
NAME OF PROMPED OF	008137	B WWB		
		STREET ADDRESS CITY OF		4414777044
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-	_	DEAUMONT, TX 77703		
PREFOR FEACH DEPCEACY IN TAG REGULATIONY OR 19C	FACH DEPOSITION OF DEPOSITIONS TEAL TORY OR USE INSCRIBED BY FULL TEAL ATTORY OR USE INSTITYING INFORMATION)	2 g 2 g	PROVIDERS PLAN OF CORRECTION (EACH CORRECTION)	#B0
A 286 Confined From Co.		<u>e</u>	CHORB-RETERENCED TO THE APPROPRIATE DESCRIPORY	· · :
	, in	4 200		
Review of record tilted "Fire Safety" revealed the policy of this facility to conduct a fire drift of handle a fire in such a manners to preserve in prevent undice panie, and control the spread of fire. Each employee will be aware of fire extinguishee, the proper procedure for ensuring fire safety, and the stape to be taken in case of fire. It is not the intent of this policy that any stammber endangers himherself, rather, the intent is to ensure the safety both staff and patients.	Review of necord tilted "Fire Safety" revealed "It is the policy of this facility to conduct a fire drift or handle a fire in such a manners to preserve lives, prevent undue pands, and control the spread of fire. Each employee will be aware of fire entite, fire extinguishes, the proper procedure for ensuring fire safety, and the steps to be taken in case of fire. It is not the intent of this policy that any staff member endangers himhereelt, rather, the Intent is to ensure the safety both staff and patients.			
Rentew of facility records is that fire and/or disease drill conducted	s found no evidence of fills had been			-Scotting de la contraction and
			A306	·
An Interview with staff #1 (Administrator) on 11/16/2011 at 8:00 PM, confirmed no drifts had been conducted in the facility in the fast year.	(Administrator) on confirmed no drifts had cilly in the fast year,		The Clinic Administrator will be	
A Section of the sect			Training to the accurate follow	

home, sa	02-10-12		
through of the company's infection	control policies (Cleaning, Decontamination, and Sterilization)	All expired supplies were removed from the facility. The Clinic Administrator will inspect supplies inventory to check for expiration dates on a monthly basis, to ensure patient safety. The findings will be submitted to the Director of Medical Services to address any deviations and	fraining needs. Competency of the Administrator and all staff involved in Infection Control Practices will be addresses during QA visits.
A 308			
The residual Control Standards	(d) Policies and procedures for decontemination, distribution, sterification, and atorage of sterile supplies. A licensed aborton facility has a	written policies covering his procedures for the decontemination and starifization activities performed. Policies shall include, but not be limited to, the receiving cleaning, deaning, deaning, deaning, sterilization of oritical items (reusable items), as storage, distribution, and the monitoring and control of starific items and equipment.	This Requirement is not met as evidenced by: Based on observedon and interview the facility's staff falled to monitor the expiration dates on starilis supplies. Sob-State Form

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Texas Department of State Health, Services

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565	During a tour of the facility on 11/15/2011 at 4:00 PM found in the procedure room #1 and #2, and the supply closet were expired sterile supplies.	8 2				-
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1 4 An	An interview with staff #1 (Administrator) on 11/15/2011 at 4:00 PM confirmed the sterile supplies from the list above were expired.		t to the second	·	· ·	
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dish supp (5) E (7) B (7) H (7) H (7) H Imme mailte use u leested recom recom recom Rased (sulled t	(d) Policies and procedures for decontamination, distinfaction, starification, and storage of starific supplies. (5) Equipment and starification procedures. (7) Biological indicators. (7) If a feet is positive, the starificar shall immediately be taken out of service. A mailtinctioning sterificar shall not be put back into use until it has been serviced and successfully lested according to the maintracturer 's recommendations. This Requirement is not met as evidenced by: Based on record review and interview the facility falled to rescut review and interview the facility falled to rescut he biological indicators within the					

ProSpore2 is ideal for in-office validation and Manufacturer's recommendations revealed

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responsible for ensuring all Infection Control Standards --- Lines - ...

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#Continuation sheet 11 of 17

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aver the 24 hour period.	-	ensure all instruments have been
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interview with staff #1 (Administrators		Practices. The findings will be submitted
11/16/2011 4:00 PM, confirmed the reactions		To the Director of Medical Services for a
recommendations:		competency, and further training manage
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REGALATORY OR LISC IDENTIFYING REGIONATION) (d) Policies and procedures for decontamination, (iii) All packages shall be inspected before use, if a package is torn, wet, discolored, has a broken sterifization indicator in the package, continued to disinfection, sterilization, and storage of sterile seef, or is damaged, the item may not be used. The item shall be returned to atenie processing This Requirement is not met as evidenced by: Based on observation and interview the facility BUNNARY STATEMENT OF DEPCHENCES pouches sealed and starifized with open areas. open all wrapped instruments and none of the On touring the sterilization area where sterile still present in the sterile package. Opened a (5) Equipment and startization procedures. falled to maintain the sterility of the surgical Wrapped starlitzed Instrument and found no wrapped instruments contained sterilization instruments are kept, found eight (8) peed 00B137 Texas Department of State Health Services WHOLE WOMANS HEALTH OF BEAUMONY indicator for steam autoclaves. (H) Methienance of sterility Continued From page 12 NAME OF PROVIDER OR SUPPLER for reprocessing. STATEMENT OF DEFICIENCIES
AND PLAN OF CONNECTION Supples instruments. A 340 PREFEE BY

An interview with staff #Z confirmed she did not know what a sterifization indicator was or what it is used for in the sterifization process nor did she know how to properly seel the peel pouch. Staff # 2 on 11/18/2011 at 4:00 PM, asked the surveyor to demonstrate the proper technique on how to seel the packages.	An interview with the Administrator on 11/16/2011 at 4:30 PM confirmed there were no sterfization indicators in the facility and observed that staff #2 did not know the proper technique for seasing	
An interview with staff #2 confirmed she did not know what a sterilization indicator was or what it is used for in the sterilization process nor did she know how to properly seal the peel pouch. Staff 2 on 11/16/2011 at 4:00 PM, asked the surveyor to demonstrate the proper technique on how to seel the packages.	An interview with the Administrator on 11/16/2011 at 4:30 PM confirmed there were no sterification indicators in the facility and observed that staff #2 did not know the proper technique for sealing peel pouches.	SUN - SIZE FORM

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	PRETX (EACH DEPOENCY MUST BE PRECEDED BY FULL TAG REQUESTORY OR LSC INSTITUTION INFORMATION	A 446 139.58(c) Emergency Services (c) Personnel providing direct patient care shall be currently cartifled in besic life support hy the	Cross, or the Arrestean Safety and Heath Institute, or the Arrestean Safety and Heath professional Academy requirements, and it required in their job description or job responsibilities.	This Requirement is not met as evidenced by: Based on record review and interview the facility falled to ensure staff was trained in CPR (cardiopulmonary requestration) and follow the facility's policy on 1 (#3) of 4 staff members in the facility.	Review of record titled "Job Description Patient Advocata" revealed "Required Continuing Education / Training 1.) Basic Life Support Certification bismurally 2.) Annual OSHA and PPE inservice training per the facility's potcy. A review of staff #3/8 personnel record reversed no documentation and the second reversed.	CPR. An interview with the Administrator on 11/16/2011 does not have CPR training.	A 476 139.59()(1)(E) Anesthesia Services (i) Emergency equipment and supplies appropriate for the type of anesthesia services provided shall be maintained and accessible to stelf at all times. (1) Functioning equipment and supplies

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Texas C	Texas Department of State Health Services	II) Savices			PRINTER	PRINTED: 12/07/2011 FORM APPROVED
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	are required for all facilities include: (E) emergency medications specified by the medical staff and anomodius.	ilites include: tions specified by the		A476		
:	surgical procedures and anesthesis services provided by the facility.	d anesthesis services		The Clinic Administrator will be	£	·
	This Requirement is no	This Requirement is not met as evidenced have		responsible for ensuring all Anesthesen Services requirements are been properly followed.	theseny	
	Based on record raview, observation, and interview the facility falled to have current emergency medication in the emergency cart and follow the facility's policy,	Based on record raview, observation, and interview the facility falled to have current emergency medication in the emergency crash cart and follow the facility's policy,		All expired medications have been properly disposed, and the crash cart has been re stocked with	n cart has	

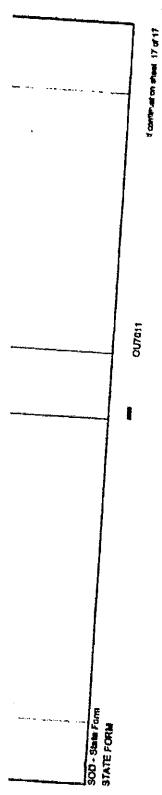
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itions.	responsible for monitoring the inventory and expiration dates of all crash cart medications. A review of the inventory will be performed on a monthly basis; the findings will be submitted to the Director of Medical Services in order to ensure accuracy. The Director of Medical Services will facilitate a retraining on this policy to the Clinic Administrator by 02-10-12
	responsible for monitoring the inventor and expiration dates of all crash cart medications. A review of the inventory will be performed on a monthly basis; the findings will be submitted to the Directo of Medical Services in order to ensure accuracy. The Director of Medical Services will facilitate a retraining on this policy to the Clinic Administrator by 02-10-12
uj 7	for monifor dates on dates t. A review frmed on be submi ervices in facilitate Clinic Adr
medications. The clinic Ad-	ponsible fexpirations dications be performed in the performance in the
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inventory of the crash carl revealed expired medication of 50% Decirose 50 ml vial with expiration date of (September 2011).	Review of policy titled "Medication Therapy Practicus" revealed: "Medications Inventory and Audig. 1. Each month the Chrical Coordinator, Nune or the Administrator will perform a detailed inventory of all medicines and medical supplies in the facility using. WWY!! inventory and tracking tools. (see medicines and tracking tools. (see medicines and medical aupplies ordering inventory). 2. Each week the Clinical Coordinator, Nunse or Administrator will perform a detailed review and inventory of the creat cart in medications are current and available. This will include all injectable, tablets and available. This will include all injectable, tablets and supplies such as symples. All expired medications and sixways. All expired medications and sixways. All expired medications and sixways. All expired medications and supplies will be disposed according to WWH westing medications procedure. (See page 2) the creat
rus irremitory of the crash carl reveale medication of 50% Dextrose 50 ml vis expiration date of (September 2011).	Review of policy titled "Medication Thersy Practicus" revealed: "Medications Invantory and Audic. 1. Each month the Chrical Coordinator, Not the Administrator will perform a detailed inventory of all medicines and me supplies in the facility using WW1! inventory and tracking tools. (see medicines and medicines and medicines and medical perform a detailed review and inventory of the creath Administrator will perform a detailed review and inventory of the creath Administrator will perform a detailed review and inventory of the creath Administrator will perform a detailed review and inventory of the creath and solders to ensure all required. Violutions, as well as supplies such as systemical medications and airways. Violutions, as well as supplies such as systemical medications and sirvays. Violutions procedure. (See page 2) the creating redications procedure. (See page 2) the creating inventory list will be updated.
September 1	Review of policy titled "Medication Practices" revealed: "Medications Invantory and Audit in Each month the Chincal Coordinates will perform a detailed inventory of all medicines supplies in the facility using WWY! Inventory in facility using WWY! Inventory and tracking took medicines and medical supplies on inventory). 2. Each week the Contact Coordina Administrator will perform a detailed review and inventory of the order to ensure all required. Administrator will perform a detailed review and inventory of the order to ensure all required. The discussions are current and availab includes to ensure all required and simplies succeeding to WWH weating the according to WWH weating medications procedure. (See page 2 art inventory list will be updated
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Health Services	O(1) PROVIDENCILA DENTIFICATION MARKETE.	DVM		MONT	STATEMENT OF DEPICIENCES	REGILATORY OR LISC IDENTIFYING INFORMATION	ge 18	complete emergency aliway equipment	139.60(h)(6) State and Federal Requirements	(h) A licensed abortion facility shall comply with the following federal Occupation Safety and Health Administration requirements: (b) 28 Code of Federal Reministrance	ng portable fire			This Requirement is not met as evidenced by: Based on observation and Interview the facility failed to follow the 29 Code of Federal Regulations, Subpart I., 1910.157 concerning contable fire extinguishers.	During the tour of the facility on 11/15/2011 at 3:00 PM observed the three facility's fire extinguishes were last inspection on March of 2010.	An Interview with the administrator on 11/15/2011 at 4:00 PM confirmed the fire extinguishes were last inspection on Merch of 2010.	
STATEMENT OF DESCRIPTIONS OF STATEMENT OF DESCRIPTIONS OF DESC	AND PLAN OF CORPRECTION		NAME OF PROMOCR OR SUPPLIER	WHOLE WOMANS HEALTH OF BEAU	PREMARY SUBMARY		A 478 Confined From page 18	complete emergeno	A 496 139.60(h)(6) State au	(h) A licensed abortion facility shall the following faderal Occupation Sall Health Administration requirements: (B) 28 Code of Federal Reministration	81910.157, concerning portable fire extinguishers;	3	·	This Requirement is not met as evide Based on observation and Interview th failed to follow the 29 Code of Federal Regulations, Subpert I., 1910.157 con portable fire extinguishers.	During the tour of the facility on 11/15/20 3:00 PM observed the three facility's fire extinguishes were last inspection on Mar 2010.	An Interview with the administrate at 4:00 PM confirmed the fire extilest hispection on March of 2010.	

ATTWN Billboard Campaign >



◆ 2 LIKES < SHARE

HOME	CONTACT US	VISIT OUR SISTER SITE>>
ABOUT ABBY		
ISSUES	a. PO Box 2571	
DISCUSSIONS	Round Rock, TX 78680	(http://www.//tettal
MY BOOKS	e. Abby@abbyjohnson.org	(A.C., W. W. W. Y. J.
(http://www.unplannedthebook.com		
PREGNANT? (/pregnant)		
MEDIA & BOOKING (/new-page-5)		

Site designed and built by Alice Paul Group.

EXHIBIT 7 Legal Opinion to ISDH

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic <u>linked</u> to thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information.

Œ "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions. "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon. Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls. "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry,

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said

Ø WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, <u>H.B. 2</u>. Among other limits on abortion, the <u>bill</u> imposed requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers,</u> a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure,"

 \sim Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

Ø simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more "The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions,"" wrote Justice Ruth Bader Ginsburg in a <u>brief concurrence</u>.

Justice Samuel Alito, for his part, warned that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

Article printed from Washington Free Beacon: http://freebeacon.com

URL to article: http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/

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Charles Fain Lehman Email Charles (mailto:comments@freebeacon.com) | Full Bio (http://freebeacon.com/author/charles-lehman/) | RSS

Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com. (http://freebeacon.com/author/charles-lehman/feed/)

Follow @CharlesFLehman

Exhibit 7.1 Legal Opinion to ISDH

PRINTED: 12/28/2015 FORM APPROVED

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	document. All Infor unchanged except correction, correction space. Any discreptiation(s) will be researched to the research of	orm is an official, legal mation must remain for entering the plan of on dates, and the signature pancy in the original deficiency office of the neral (OAG) for possible fraud. dvertently changed by the he State Survey Agency (SA) mmediately. Is was made on the morning orduct a Re-licensure Survey liance with 25 TAC Chapter of Rules for Abortion Facility.				
	Director of Clinio Sivisit and procedure An exit conference with the Director of were cited. The fac	ence was conducted with the ervices. The purpose of the for the survey was discussed, was conducted on 10/21/15 Clinic Services. Deficiencies dilty's personnel was given an de additional information and				
	(3) the employee up not limited to, the fo (A) coordination and (B) sterilization and (C) patient educatio (D) informed conse	d/Demonstrated Competency Inderstands, at a minimum but Illowing: Infection control policies; Infection control policies;	A 149	A149 The Clinic Administrator will be responsible for ensuring all personsiting in the pathology lab has through the appropriate oriental process, training and demonstration competency on decontamination sterilization techniques.	onnel gone don te	11/30/16
ABOR		ENTATIVE'S SIGN	ATURE .	TITLE		(X6) DATE
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PRINTED: 12/29/2015 FORM APPROVED

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization This Requirement is not met as evidenced by: pouches, therefore according to the Based on observation, record review, and surveyor allowing contaminated air to interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no was trained in the sterilization process of surgical indication of infection control hazard to instruments. patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 at 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile an increase of infection rate. instruments packaged in peel pouches which were being stored in a plastic container with no Ild. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The November 30th, 2015. Staff will be peel pouches were observed to have water stains or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel reading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line where the pouches are to be folded. The pouches techniques, during the training the were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peel proper way to wrap, pack and sterilize pouches were observed to be crushed, bent, and compressed in the plastic container, which had instruments, by the end of the training no lid and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not labeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide recommends no more than 1.8 lbs., if using the will be documented and filed in the appropriate tray and pouches may not be staff's personnel record. stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the sterilizer to separate the instruments. The Clinic Administrator will perform instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOD - State Form

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	<u> </u>		
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		140007	B. WING		1 10/2	1/2015
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A 149	Continued From pa	308 2	A 149			
A 170	Outlindod From P.	-9		-		
			1			
	A review of the aut	oclave load log from 9/29/2015	;			
	thru 10/19/2015 re	vealed no temperature, time, o	r			
}	pressure recorded	on the log.	i 1			
	A soulous of the rea	ord tilled, "Whole Women's	1			
		raining Checklist" revealed the	,			1
1		ing for Staff #3. There was no				
		ition of sterile instruments.	1			
	Davidson of the nette	willed BDrocodure	1			
1	Decontamination	by titled, "Procedure Disinfection, Sterilization, and				
	Storage of Sterile	Supplies" revealed the	1			
	following:					
	"Maintenance of S	terility kaged properly will remain				ł
	sterile unless the r	kaged property will remain backage becomes wet or torn,	1 1			į
		is damaged in some way, or is	,			
İ	suspected of being	compromised. Commercially				}
1		li be considered sterile	1			1
		anufacturer's instructions.				
		If be inspected before use. If a et, discolored, has a broken	1			
		d, the item will be returned to				
		reprocessing/sterilizing.				
ļ	B. The indicator ta	pe on the outside and on the				
1		will be checked before the				
		ed. If the indicator tape did not				
1		rill be returned to the sterile ing/sterilizing. The other				
		m that load will be checked.				
1		re ("flash") sterilized				1
1	unwrapped an indi	cator tape or strip will be				1
	placed in the tray a	and presented to the providing	[1
	MD along with the	instrument. will be handled in a manner				1
		oromise the packaging of the	1			1
	product.	or arrived a to become all and a to the	ļ] .
SOD - State						<u>L</u>

	epartment of State F	tealth Services				
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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING	4	QOM:	LETEU
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		140007	8. WING		10/2	1/2015
MANUE OF F	ROVIDER OR SUPPLIER	STREET AN	חמבפפ כודע	STATE, ZIP CODE		
NAME OF	PHOAIDER ON GOLLIER			S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O	E SAN AN IONIO	ONIO, TX 7			
			1 		22.1	
(X4) ID PREFIX		NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTIVE IEACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
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				DEFICIENCY)		
A 149	Continued From pa	ige 3	A 149			
	E. Sterilized items	will be transported as to				
1		s and sterility and to prevent				
	physical damage.	•	}			
		will be stored in the sterile				
		s controlled ventilation and has				
1 1	restricted access.	the second in the second	1			ļ
		will be packed in the sterilizers he packaging is not crushed,	Ì			
	bent, compressed.	or punctured in order to				
	ensure the packag	es' sterility."				
		•				
		taff #3 on 10/20/2015 at				
	approximately 3:00	PM confirmed the above				
	findings and the po	licy was not being followed.				
	bad on the steriliza	what type of training have you tion of instruments. Staff #3	1			
		owed someone for couple of	1			
	days," The interview	w with Staff #3 revealed the				
	staff member was :	still not knowledgeable in the				
	proper procedure of	f sterilizing instruments.				
A 197	TAC 139.48(1)(A) F	Physical & Environmental	A 197			11/30/15
	Requirements			A197		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	The about all the					
	i ne physical and el	nvironmental requirements for facility are as follows.		The Clinic Administrator will be	:	
	(1) A facility shall:	racility are as rollows.		responsible for ensuring the phy-	sical	
		sanitary environment,		and environmental requirements		
]]	properly constructe	d, equipped, and maintained		facility are strictly followed.	, tor are	
	to protect the health	and safety of patients and		laome, are defelly tollowed:		
	staff at all times;	· · · · · · · · · · · · · · · · · · ·				
]						
				te de la constant de		
	This Requirement	s not met as evidenced by:				
	Based on observati	on and interview, the facility		1		
	failed to provide saf	e and sanitary environment.				
	-					
SOD - State f						
- DIBIG 1	TUIIIE					

Texas De	epartment of State F	lealth Services			T	stime entit
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE (COMPL	
		140007	B, WING		10/2	1/2015
NAME OF E	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
		4025 E S		S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O		ONIO, TX 7	8222		
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A 197	Continued From pa	age 4	A 197	Laboratory Area: All patient su	pplies	11/11/15
<u> </u>	During the tour of t	he facility on 10/21/2015 at		have been removed from the cal		
	approximately 10:0	0 AM the following		under the sink, and have been st	ored in	
1	environmental issu	es were observed:		a plastic container on a separate		
	:			cabinet. The packaging that was	stained	
	The findings includ	ed:		with betadine "brown substance		
	-			been removed from the lab and		
	Laboratory Area:			properly disposed. An infection	control	
	Patient lab supplie	s were being stored under the		training outlining the proper me	ethod to	
	sink in the Lab roo	m. Observed a brown		store laboratory supplies was fac-	ilitated	
		ents' supplies and on the floor		for staff on 11/11/15, and the re-	cords	
	OF THE SINK SHEIF WI	nich appeared to be a leak.		have been failed in the each staff	fs	
	Pathology Room;	•		personnel record.		
	Observed some ty	pe of soap being stored in the		 Recovery Room: The oxygen ta	nk hac	11/11/15
		nal container on the pathology		been moved to a safer place awa		11/11/13
		ater on the cabinet surface		risk of being knocked down by		
		are placed to dry. The ner phone down on the cabinet		visitors, or staff.	Januari,	
	in the water during	the tour and stated "Oh that's		visitors, or stant.		
	wet."	om boolds the Olehoned		Laundry Room: The Laundry re	oom has	11/12/15
		om beside the Blohazard board box sitting on the floor		been re organized with the inter		,,
	was the blue wrap	for the surgical instruments.		maintaining a clear separation b		
	In the pathology ro	om (what the facility calls the		the dirty linens, and the clean la		
		nother box of the blue wrap in litting on the floor. The		All janitorial supplies have been		
		ition were being examined and	1	properly stored in a closest design		
	contaminated Instr	uments were being washed in		for janitorial supplies.	-	i
		ne width of area discussed was	1	,		
	approximately 3 fet dirty.	et that separated clean from		Physical walk through of the fac	ility:	11/30/15
	A fan was sitting or	top of the surgical trays on		The exam tables, and suction m		77,50,70
		the cabinet in the Pathology		will be refurbished to address th		
	room.			peeling paint, and the ceiling tile		
	In the Pathology ro	om 15 gallons of Cidex,		the 3 inch water mark in the lab		
		, and bleach were being stored	<u> </u>	replaced.		

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 197 Continued From page 5 A 197 In order to monitor compliance with directly on the floor. the physical an environmental requirements for the facility, the Patient Storage Closet: Administrator will perform a walkin the patient care closet, where patient supplies through of the physical plant on a are stored it was observed there were sanitary weekly basis to ensure all supplies are pads on the floor. Dust particles were on the floor properly stored, ad equipment and next to the sanitary pads along with a biohazard instruments are in optimum condition. sharps container and card board boxes. The patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Card board boxes can harbor parasites, Insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of and reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room: During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room. The boxes were full of patients' supplies (blue pads). The lld was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings. SOD - State Form

EXHIBIT 7 Legal Opinion to ISDH

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired

Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic linked to thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information.

O "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions, "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon, Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls. "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry.

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in a successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, <u>H.B. 2</u>. Among other limits on abortion, the <u>bill</u> imposed requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers,</u> a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals,

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure," Johnson said

 \sim Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in a WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more 'The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions," wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, <u>warned</u> that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

Article printed from Washington Free Beacon: http://freebeacon.com

URL to article: http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspection-reveals/

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com.

Follow @CharlesFLehman

Exhibit 7.1 Legal Opinion to ISDH

PRINTED: 12/29/2016 FORM APPROVED

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	space. Any discre	on dates, and the signature pancy in the original deficiency				
	citation(s) will be re	eferred to the Office of the	ļ			
	Texas Attorney Ge	neral (OAG) for possible fraud.				
	nmylder/sundler t	idvertently changed by the he State Survey Agency (SA)				
1	should be notified	Immediately.				
	An unannounced v	isit was made on the moming				
	of 10/20/2015 to de	onduct a Re-licensure Survey Illance with 25 TAC Chapter	ŀ			
	139 State Licensin	g Rules for Abortion Facility.				
		in a second took of more dealers or waitings				
	An entropes senfo	namaa uuru uuruduutu da alka d				
	Director of Clinin S	rence was conducted with the ervices. The purpose of the				
	visit and procedure	for the survey was discussed.				
		•				
	An exit conference	was conducted on 10/21/15	i			
	with the Director of	Clinic Services, Deficiencies				
]	were cited. The fac	ility's personnel was olven an				
	opportunity to provi	ide additional information and				•
	don questions.					
A 149	TAC 139.44(b)(3)(A	AVBYC)(D)	A 149			44 inniar
	Orientation/Training	Demonstrated Competency	''''	A149		11/30/16
		, ,				
	not limited to, the fo	nderstands, et e minimum but		The Clinic Administrator will be		
	(A) coordination an	d treatment of nations care:	ļ	responsible for ensuring all perso		
	(B) sterilization and	infection control policies:		working in the pathology lab has		
	(C) patient education (D) informed conse	on/information;		through the appropriate orientat		
	1-1 manifed CO186	us policias!		process, training and demonstrat		
				competency on decontamination	i and	
SOD - State F				sterilization techniques.		
LAROR	49111	ENTATIVE'S SIGI	VATURE	TITLE		(X6) DATE
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization This Requirement is not met as evidenced by: pouches, therefore according to the Based on observation, record review, and surveyor allowing contaminated air to interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no was trained in the sterilization process of surgical indication of infection control hazard to instruments. patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 at 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile instruments packaged in peel pouches which an increase of infection rate. were being stored in a plastic container with no lid. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The November 30th, 2015. Staff will be peel pouches were observed to have water stains or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel reading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line where the pouches are to be folded. The pouches techniques, during the training the were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peel proper way to wrap, pack and sterilize pouches were observed to be crushed, bent, and instruments, by the end of the training compressed in the plastic container, which had no lid and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not labeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide recommends no more than 1.8 lbs., if using the will be documented and filed in the appropriate tray and pouches may not be staff's personnel record. stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the sterilizer to separate the instruments. The Clinic Administrator will perform instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOD - State Form

Taylor D	partment of State I	lealth Services				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	"@1ED
		1				
		140007	B. WING		10/2	1/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
1	WOMANS HEALTH C	4025 E 20	OUTHCROS:	S BLVED BLDG 5 SUITE 30		
MHOLE	WOMANS REALITIC	SAN ANT	ONIO, TX 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(X4) IO	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
PREFIX	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
			ļ	DEFICIENCY)		
A 149	Continued From pa	age 2	A 149			
Ì						
	A review of the aut	oclave load log from 9/29/2015				
		vealed no temperature, time, or			•	
1	pressure recorded	on the log.				
		ord titled, "Whole Women's				
	Health Pathology T	raining Checklist" revealed the				
		ing for Staff #3. There was no ition of sterile instruments.				
	(Fallshig Off Stormes	nion of sterile martiments.				
	Review of the police	y titled, "Procedure		1		
		Disinfection, Sterilization, and		1		
	following:	Supplies" revealed the	1			
	TOILOTTING.					
	"Maintenance of S					
		kaged properly will remain backage becomes wet or torn,				
		is damaged in some way, or is				
		compromised. Commercially				
		Il be considered sterile				
		anufacturer's instructions. I be inspected before use, if a				
		et, discolored, has a broken				
	seal, or is damage	d, the item will be returned to				
		reprocessing/sterilizing.				
ļ		pe on the outside and on the will be checked before the				
<u>!</u>		ed. If the indicator tape did not				
	change the pack w	ill be returned to the sterile				
. ,	area for reprocessi	ng/sterilizing. The other				
		m that load will be checked. re ("flash") sterilized				
	unwrapped an indic	cator tape or strip will be	Ī			
	placed in the tray a	nd presented to the providing				
	MD along with the	instrument. will be handled in a manner]			
		will be nandled in a manner promise the packaging of the	1			
	product.	with posted bing of the]			
SOO SHIP	F		<u> </u>	1		<u> </u>

Toyon Do	partment of State I	Health Services				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:]	
		140007	B. WING		10/2	1/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
į.		4025 E SC		S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH C	SAN ANTONIO SAN ANT	ONIO, TX 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
A 149	Continued From p	age 3	A 149			
	E. Sterilized items	will be transported as to				
		ss and sterility and to prevent				
	physical damage. F. Sterilized items	will be stored in the sterile	ļ			
	area. This area ha	s controlled ventilation and has				
	restricted access. G. Sterllized items	will be packed in the sterilizers				
	and positioned so	the packaging is not crushed,			!	
	bent, compressed ensure the packag	, or punctured in order to ges' sterility."				
	An interview with \$	Staff #3 on 10/20/2015 at				
		0 PM confirmed the above				
	Staff #3 was asked	olicy was not being followed. d what type of training have you				
	had on the steriliza	ation of instruments. Staff #3				
		lowed someone for couple of ewwwith Staff #3 revealed the				
	staff member was	still not knowledgeable in the		1		
	brober procedure	of sterilizing instruments.				
A 197	TAC 139.48(1)(A) Requirements	Physical & Environmental	A 197	A197		11/30/15
	The physical and e	environmental requirements for		The Clinic Administrator will be	oı .	
	a licensed abortion	n facility are as follows.		responsible for ensuring the phy		
	(1) A facility shall: (A) have a safe an	id sanitary environment,		and environmental requirement		
	properly constructe	ed, equipped, and maintained		facility are strictly followed.		
	to protect the heal staff at all times:	th and safety of patients and				
	attair of all titled;					
	This Describes as					
	I nis Requirement Based on observat	is not met as evidenced by: tion and interview, the facility				
		ofe and sanitary environment.				
[1			
SOD - State	Form					

Texas D	epartment of State I	lealth Services				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE : COMPI	
		140007	B, WING		10/2	1/2015
		PTRUCTAL	noese city	STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIER			S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O	E EAN ANTONIO	ONIO, TX 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
A 197	Continued From pa	age 4	A 197	Laboratory Area: All patient su	pplies	11/11/15
İ	During the tour of t	he facility on 10/21/2015 at		have been removed from the cal	oinet	
	approximately 10:0			under the sink, and have been st	ored in	
	environmental issu	es were observed:		a plastic container on a separate	i	
				cabinet. The packaging that was	stained	
	The findings includ	ed;		with betadine "brown substance		
				been removed from the lab and		
	Laboratory Area:			properly disposed. An infection	control	
	Patient lab supplies	s were being stored under the		training outlining the proper me	ethod to	
	sink in the Lab roo	m. Observed a brown		store laboratory supplies was fac-	ilitated	
		ints' supplies and on the floor		for staff on 11/11/15, and the re-	cords	
	or the sink shell wi	nich appeared to be a leak,		have been failed in the each staff	f's	
	Pathology Room:			personnel record.		
The state of the s	bag out of the origi sink. There was wa where instruments Administrator laid it	pe of soap being stored in the nal container on the pathology ater on the cabinet surface are placed to dry. The ner phone down on the cabinet the tour and stated "Oh that's		Recovery Room: The oxygen ta been moved to a safer place awa risk of being knocked down by p visitors, or staff.	y from	11/11/15
	in the Pathology ro	om beside the Blohazard		Laundry Room: The Laundry re		11/12/15
		board box sitting on the floor	1	been re organized with the inter		
		for the surgical instruments. om (what the facility calls the		maintaining a clear separation b		
ſ		nother box of the blue wrap in		the dirty linens, and the clean la		
	a card board box s	itting on the floor. The		All janitorial supplies have been		
	products of concep	tion were being examined and unents were being washed in		properly stored in a closest desig	gnated	
		uments were being wasned in he width of area discussed was	İ	for janitorial supplies.		
		et that separated clean from			_	
	dirty.	·		Physical walk through of the fac		11/30/15
		n top of the surgical trays on r the cabinet in the Pathology		The exam tables, and suction m		
	room.	ина саринасти ина гашноюду		will be refurbished to address th		
	·			peeling paint, and the ceiling tile		
		om 15 gallons of Cidex,		the 3 inch water mark in the lab	will be	
SOD - State		and bleach were being stored		replaced.		
344 - 318(B	FUI III					

Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: 140007 10/21/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 197 Continued From page 5 A 197 In order to monitor compliance with directly on the floor. the physical an environmental requirements for the facility, the Patient Storage Closet: Administrator will perform a walk-In the patient care closet, where patient supplies through of the physical plant on a are stored it was observed there were sanitary weekly basis to ensure all supplies are pads on the floor. Dust particles were on the floor properly stored, ad equipment and mext to the sanitary pads along with a biohazard sharps container and card board boxes. The instruments are in optimum condition. patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Card board boxes can harbor parasites. Insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of and reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room: During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room. The boxes were full of patients' supplies (blue pads). The lid was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings. SOD - State Form

Toyne De	partment of State F	lealth Services			100-1-40	Ol (m) W
CTATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
AND PLAN	F CORRECTION	INCUITION ON NUMBER	A. BUILDING: _	····		
		140007	B, WING		10/2	1/2015
			DORESS, CITY, ST	TATE, ZIP CODE		
	ROVIDER OR SUPPLIER	4028 E S		BLVED BLDG 5 SUITE 30		
WHOLE !	WOMANS HEALTH O		FONIO, TX 78:	222		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION :	RECTION SHOULD BE	(X5) COMPLETE
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE A	PPROPRIATE	DATE
				DEFICIENCY		
A 197	Continued From pa	age 6	A 197			
			1			
	–					
	Laundry Room:					
	During a tour of the	e facility on 10/20/15 and				
	10/21/15 of the sur	vey card board shipping boxes	S			
	were stored in fron	t of the (2) soiled linen or in the laundry area. There				
1	were 4 boxes which	h contained paper towels and				
		acked in front of the soiled				
	linen hamper, and	the washer and dryer. In this from the soiled linen cart				
		eet) was an open wire rack				
	where patient gow	ns, physicians * scrubs, and				
		ere being stored. There were bottom shelf and no cover ove				
	1	ne shelf with the clothing items	- 1			
	was an autoclave.	Above the patient gowns,				
	physicians' scrubs	, and patient blankets were				
	package or paper	towel rolls. There was clothing p of the dryer along with boxes				
		Beside the dryer was another				
ļ		er that had a shipping box on				
		mper. Observed that all 3 linen id linen in them. The linen				
		abeled with biohazard label.				i
	This laundry area	stayed cluttered with shipping				
	1 - 1 - 1	ed that none of the staff r moved or cleaned the area				1
	during the 2 day st					
	An Interview with S	Staff #1 on 10/21/2015 at				
	approximately 12:0	00 PM confirmed the above				
[findings. Staff #1 s because we just g	stated, "The boxes are here				
		or supplies. Ige in the laundry area during				
	the survey dates o					
	Tour of the facility	on 10/20/15, the following				
	observations were	made:				
<u></u>		acility, base boards were lifting) [<u> </u>
SOD - State	Form					

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:			ATE SURVEY OMPLETED
		140007	B. WING _		0/21/2015
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE	
WHOLE	WOMANS HEALTH O		SOUTHCRO: TONIO, TX	SS BLVED BLDG 6 SUITE 30 78222	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPL DATE
	observed along the In the recovery roc around each drawer handles. In the procedure ro the drawers of the opening paint. In the procedure ro The emesis basins, stored under the sin The suction machine machine had fallen oc covered in dust, in the Lab room: A celling tile had wat	ns and "yellowing dirt" was base of the baseboards. om, the exam table had rust and around the drawer com- Amelia: exam table had rust and com-Georgia: used for patients, were k. a, the bumper around the off the machine and was er damage. a hallway of the facility was 5 with the staff S#1.	A 197		
	Standards (A) An abortion facility comply with universal defined in this paragr it) Universal/standard reusable medical dev use of infection control he use of protective to disposal of needles are ii) Universal/standard najor points of universal/stopsal of body substan	y shall ensure that all staff l/standard precautions as aph. precautions includes ection and sterilization of ices and the appropriate ol, including hand washing, parriers, and the use and other sharp instruments. I precautions synthesize the sal precautions with the ince precautions and apply ceiving care in facilities,		A213 The Clinic Administrator will be responsible for ensuring all infection control standards are accurately followed. Whole Woman's Health of San Anton has developed a performance record for the usage of Manual Vacuum Aspirato (MVA) in order to track the usage and performance of the MVA's in rotation. (See log attached)	r

Texas De	partment of State I	lealth Services		- ACL (270) (ATION	(X3) DATE SURVEY	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIEN/CLIA	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:			
	!					
		440007	B, WING		10/21/2015	
		140007			<u></u>	
NAME OF	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
		4025 E SC	UTHCROS	S BLVED BLDG & SUITE 30		
WHOLE	WOMANS HEALTH O		ONIO, TX 7			
		0741.44		PROVIDER'S PLAN OF CORRECT	ION (XS)	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	I JEACH CORRECTIVE ACTION SHOU	LOBE COMPLETE	
PREFIX	REGULATORY OR L	SC (DENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	DATE DATE	
140				DEFICIENCY		
			A 213	The medical director will cond	nct an	
A 213	Continued From pa	age 8	7.10	=		
	regardless of their	diagnosis or presumed		inspection of all MVA's in rota		
	infection status.	•		assess their current condition a		
1				for replacement. This audit wil	l be	
1				documented and kept in the	1	
-	This Requirement	is not met as evidenced by:		performance record binder. Al	IMVA's	
	Based on observal	tion, record review, and	Ì			
	interview, the facili	ty failed to maintain		devises will be stored in a close	a piasuc	
1	performance recor	ds for the usage of the Manual		container before use.		
	Vacuum Aspiration	(handheld syringe used for	ļ			
1	manual evacuation	for an abortion). Also, the		A staff training will be provide	d by the	
		ow their own policy processing		Director of Clinical Services to	ancura	
	the Ipas MVA Plus	•	ļ			
	A			the staff understand the proces		
		s revealed no documentation		decontaminate and sterilize the	ese	
	that the facility was	s keeping records of how many		devises, as well as the steps to i	nspect	
	Littles ale MANA Hat	i podij usev.	1	them before use and document		
	A review of the me	anufactures' guideline on the				
ì	Ipas MVA revealed			number of times it is used.		
1	"Providers can cho			1		
]		ation method that best results	1	In order to ensure compliance	with this	
1		a guideline, the Ipas MVA Plus		requirement, the Clinic Admir	nistrator	
		en 25-50 times when following		will conduct a monthly audit of	f the	
1		g instructions provided in its	1			
1		hichever method of		performance record log as well	as the	
1		zation is chosen, the Ipas MVA		condition of the MVA's.		
	needs to be inspec	cted before next use, if the lpas				
1	MVA plus shows s	igns of damage or is not		· ·		
	functioning proper	ly, it should be discarded."				
]	During a tour of th	e facility on 10/20/2015 at				
		d multiple MVA's on the			}	
1		sing station in an open				
1		ld. Also, observed a MVA lying	1		ł	
	on the second she	olf of a rolling cart. The MVA				
		en surface with no cover over	ļ			
		was used to carry supplies in				
1	and out of the pro-	cedure room.				
		ility policy titled, "Procedure				
	Decontamination,	DisInfection, Sterilization, and		1	}	
		Supplies" revealed the				
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 140007 10/21/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG IÐ PREFIX TAG (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DATE **DEFICIENCY**) A 213 Continued From page 9 A 213 following: "Cleaning and Processing the Ipas MVA Plus: *Clean it by washing all surfaces thoroughly in warm water and detergent. Detergent is preferable to soap, which can leave a residue. As an alternative, an enzymatic cleaner, a solution specifically designed to clean blood and tissue from surgical instruments, can be used. *For a high-level disinfectant soak, place all the parts in the soak for the amount of time directed on the bottle. Ipas recommends Cidex or Cidex OPA, or Sporox II, however, Cidex OPA is the Facility's approved disinfectant soak, ipas MVAs must soak in Cidex OPA for at least 12 minutes. *The lpas MVA Plus can be used between 25 and 50 times when following the lpas processing instructions. The ipas MVA should always be inspected before next use, and should be discarded at any signs of damage or is not functioning properly. *Aspirators need to be stored in dry, covered containers or packages to protect them from dust and other contaminants. An Interview with Staff #1 on 10/21/2015 at 10:30 AM confirmed the facility was not keeping a record of how many times the MVA had been A242 used. 10/22/15 The Clinic Administrator will be A 242 TAC 139.49(d)(5)(D)(i)(ii) Infection Control A 242 11/30/15 responsible for ensuring all infection Standards control standards are being followed by D) Packaging. ensuring the sterilization procedure is (i) All wrapped articles to be sterilized shall be strictly monitored. SOD - State Form

Texas Department of State Health Services (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING 10/21/2015 140007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PREFIX ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 242 A 242 Continued From page 10 All instruments have been re sterilized packaged in materials recommended for the and the date, time, load # and autoclave specific type of sterilizer and material to be ID has been documented on each pouch sterilized, and to provide an effective barrier to and pack. microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 11/30/15 The Director of Clinical services will inches by 12 inches by 20 inches with a facilitate an infection control training on maximum weight of 12 pounds. Wrapped November 30th, 2015 staff will be instrument trays shall not exceed 17 pounds. (ii) All items shall be labeled for each sterilizer required to prepare for this training by load as to the date and time of sterilization, the reading WWH policy for sterilizing load number, and the autoclave. decontamination and Sterilization techniques. During the training, the This Requirement is not met as evidenced by: designated trainer will show the staff the Based on observation, record review, and proper way to wrap, pack, and label interview, the facility failed to document on the instruments to be sterilized. By the end instrument packages the following: the date and of the training the staff will be asked to time of sterilizing, sterilizing load number, and the Identification of the autoclave used. perform each one of these steps while evaluated by the trainer. A competency Observed during the tour of the sterilization room checklist will be documented and filed on 10/20/2015 at approximately 10:14 AM the peel pouches in the plastic container and the peel in the staff's personnel record. pouches that were being removed from the autoclave were not labeled with date and time In order to ensure compliance, the sterilized, sterilizing load number, and the Clinic Administrator will perform identification of the autoclave used. The wrapped instruments that were removed from the randomized tracer to address staff's autoclave were not labeled with date and time competency and follow through of our sterilized, sterilizing load number, and the policies and address training needs. identification of the autoclave used. An interview with the Staff #3 on 10/20/2015 at 11:00 AM confirmed the above findings. A 245 TAC 139.49(d)(5)(F)(iii)(iv)(v) Infection Control A 245 11/30/15 Standards SOD - State Form

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 10/21/2015 140007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 245 Continued From page 11 A 245 A245 11/30/15 (F) Biological indicators. The Clinic Administrator will be (iii) A log shall be maintained with the load identification, biological indicator results, and responsible for ensuring all infection identification of the contents of the load. control standards are met by ensuring (iv) If a test is positive, the sterilizer shall the Biological Indicator (BI) log is immediately be taken out of service. A malfunctioning sterilizer shall not be put back into completed and accurate. use until it has been serviced and successfully tested according to the manufacturer's 10/21/15 All BI test performed after the survey recommendations. conducted on 10/21/15 have been (v) All available Items shall be recalled and reprocessed if a sterilizer malfunction is found. A accurately documented on the BI log to list of all items which were used after the last include time and load ID, contents, and negative biological indicator test shall be the 24 hr reading with the time it was submitted to the administrator. run. This Requirement is not met as evidenced by: The Director of Clinical Services will Based on observation, record review, and facilitate a training for all staff working interview, the facility failed to maintain a log for in the pathology lab on how to run biological indicators (BI) that included time, load identification, and contents of the load. Also, the biological indicators (BI) and how to facility falled to follow their own policy. properly document the test and results of the spore test. The Director of Clinical Findings include: Services will observe each staff run the Observation on 10/20/2015 at 10:15 AM revealed BI test and document it on the log. a "Pathology" room with one (1) Pelton Delta Q autociave. The Clinic Administrator will monitor An interview with Staff #3 on 10/20/2015 at 10:15 compliance with this standards by AM stated she was a medical assistant and the conducting an audit of the sterilization person responsible for the autoclave. Staff #3 and BI logs on a monthly basis to ensure stated, "I run a biological indicator (BI) test with adequate competency, and address the 1st load every day that the autoclave is ran." training needs. A review of the record titled, "Biological Indicator Log " on 10/20/2015 at 11:00 AM revealed the following: the time the biological was placed in the autoclave was left blank and the time the SOD - State Form

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Texas De Partinent of State Health Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER WOMANS HEALTH O	E SAN ANTONIO 4025 E SC		STATE, ZIP CODE S BLVED BLDG 5 SUITE 30 8222		
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A 245	biological was read Also, the load ident load was not docur A review of the log revealed the control A review of facility Pathology" reveale "Biological Indicate The efficacy of the monitored with reliabacilius stearother type of sterilizer us A. These indicators each day of use pe B. A log will be mai identification, biologidentification of the C. If a test is positific immediately be taken be put back into se and successfully te D. All available iten reprocessed if a structure on with 10:15 AM revealed.	I 24 hours later was left blank. Itification and contents of the mented on the biological log. for the date 9/30/2015 of biological was left blank. It biological was left blank. It biological was left blank. It biological was left blank. It biological was left blank. It biological was left blank. It biological indicators will be able biological indicators. (i.e. mophilus) appropriate for the ed. It biological indicators will be included in one run entertilizer. Intained with the load global indicator results, and contents of the load. It is will en out of service and will not revice until it has been serviced.	A 245	A 247		
A 247	Standards (H) Maintenance of (i) Items that are pr shall remain sterile package becomes is damaged in som	f)(i)(ii)(iii) Infection Control sterility. operly packaged and sterilized indefinitely unless the wet or torn, has a broken seal, e way, or is suspected of	A 247	The Clinic Administrator will be responsible for ensuring all Info Control Standards are accurate followed by ensuring medication therapy protocol is followed.	ection ly	11/30/15

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEF(CIENCY) A 247 Continued From page 13 A 247 The unused lidocaine syringe found on the rolling cart in the pathology room being compromised. (ii) Medication or materials within a package that from the previous surgery day was deteriorate with the passage of time shall be immediately disposed of. dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If The Clinical coordinator performed a a package is tom, wet, discolored, has a broken thorough check of all procedure rooms, seal, or is damaged, the item may not be used. pathology lab and nurse's station to The item shall be returned to sterile processing ensure there are no unused medications. for reprocessing. An in service will be facilitated to all surgical staff in order to ensure their This Requirement is not met as evidenced by: understanding on the proper way to Based on observation and interview, the facility prepare medications for each day of failed to discard medication not administered in a timely manner. services, and how to dispose of all During a tour of the facility with the Administrator unused medications at the end of on 10/21/2015 at 9:46 AM observed a syringe on session. the second shelf of a rolling cart in the Pathology room. There were no staff members in the room. The Administrator was asked what is that syringe The Clinical Coordinator will be for and why was the syringe left unattended. The responsible for ensuring this practice is Administrator stated, "It was for today's strictly followed, by conducting an end procedure," Surveyor showed the syringe to the Administrator and the syringe was labeled of day walk through and check of each "Lidocaine 10/20/2015." The syringe had been left procedure room, pathology lab, and from the the previous day procedures. nurses station. Findings will be An interview with the Administrator on 10/21/2015 immediately communicated to the at 9:46 AM confirmed the above findings. Clinic Administrator. A 249 TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control A 249 11/30/15 Standards A249 12/9/15 J) Storage of sterilized items. The loss of sterility The Clinic Administrator will be is event related, not time related. The facility shall responsible for ensuring all infection ensure proper storage and handling of items in a manner that does not compromise the packaging control standards are accurately of the product. followed. (i) Sterilized items shall be transported so as to SOD - State Form

Texas Department of State Health Services		CVOLERTEN	E CONSTRUCTION	(X3) DATE S	URVEY	
STATE	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			COMPLI	
AND M	FDAK G. COMMISSION		A, BUILDING:			
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A	maintain cleanline: physical damage. (ii) Sterilized items well-ventilated, lim controlled tempera (iii) Sterilized items packaging is not of punctured so that compromised. (iv) Storage of sup designated for sto This Requirement Based on observat failed to store peed free of being crush punctured. FINDINGS: During a tour of the multiple peel poud container in the pa pouches were fou	ss and sterility and to prevent shall be stored in lited access areas with lature and humidity. I shall be positioned so that the litushed, bent, compressed, or their sterility is not litely shall be in areas that are		The Clinic Administrator along staff trained to work in the path and sterilization lab, have reorg the area and identified storage soutside of the pathology and sterilization room. They have designated storage space on the hall closet in order to adequate sterilized pouches in a position being crushed, bent, compresse punctured. In addition a staff in service wifacilitated to ensure staff under how to properly store packs an pouches. In order to monitor compliance this requirement, the Clinic Administrator will conduct rar weekly inspections of the steril stored instruments. Findings we	anized apace surgical y stack free of d or li be stands d e with	
	compressed in the lid and was stored products of conce contaminated inst	peel packs were crushed and e plastic container which had not in the pathology room, where option were examined and truments were washed. The a designated for storage of es.		addressed during quality assur meetings.	ance	
		Staff #3 on 10/20/2015 at 00 AM confirmed the above				

Toyan Da	partment of State H	iealth Services				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
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A 255	Continued From pa	ige 15	A 255			
A 255	TAC 139.49(d)(5)(F Standards	()(i)(ii)(iii) Infection Control	A 255	A255		11/30/15
	use of disinfectants (ii) An expiration de manufacturer's writ be marked on the could solution currently in (iii) Disinfectant sol and used in well-version and used in well-version and used in well-version and used in well-version and used in well-version and used in well-version and used in well-version and used in well-version and used in disinfectant (Colinstruments, Also, disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility for the disinfectant log for facility facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for facility for	ate, determined according to the recommendations, shall container of disinfection in use. It is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced by: it is not met as evidenced as evidenced as a provide a the cidex being utilized in the fection of surgical instruments. The Pathology room on the Pathology room		The Clinic Administrator will b responsible for ensuring all infecontrol standards are being foldensuring the proper labeling and documenting of decontaminating solutions. Whole Woman's Health of Sanuses the Metrex disinfection log contains all the information require manufacturer's instructions Attached) This log tracks the date solution expiration and staff preparing sthis log is kept on a binder label Cidex OPA Plus log, and a memorandum directing staff to document on the solution's origination it expires according to the manufacturer's instructions will included in this binder as well a circulated during the infection of training scheduled for 11/30/15	Antonio (which uired by close prep, olution, ed i be s control	
	During the tour of ti cold disinfectant wa	ne Pathology room (where as located) on 10/20/2015 at				

Texas De	partment of State I	lealth Services	AND LUB TIME	E CONSTRUCTION	(X3) DATE S	URVEY
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· · · · · · · · · · · · · · · · · · ·	SHAMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT	ON	(X5) COMPLETE
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TAG	REGULATORY OR S	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
A 255	Continued From pa	age 16	A 255	The Cidex solution currently in	use by	
,				the pathology staff has been pla	ced in a	
	10:45, Staff #3 Wa	s asked where the cold	. [the patients of the fit The C	idev need	
	disinfectant log wa	is, Staff #3 stated, "I don't have During a tour of the Pathology		container with a tight lit. The C	racy asca	
1	a disinfectant log.	15 at 9:50 AM, a disinfectant	İ	to disinfect the ultrasound trans		
	log was cheaned	but the log was blank.		will be placed in a glass jar label	ed with	
	Ina was onserven!	DOLUM TON WAS DIGING	1	date the solution was prepared	and the	
	Δ review of the log	titled, "Solution Testing log	1	expiration date.		
1	Sheet for: Metricid	le OPA" revealed the date	1	Expiration date.		
		ed was 10/9/2015 and the	Į.			
1		is 12/23/2015. The OPA-Cidex	1	In order to ensure compliance	with this	
1	is only stable for 1	4 days from day the solution is		requirement the Administrator	will	
	mixed. This log loc	cation/department was written	j	conduct a monthly audit of the	Cidex	
	as Path room/Son	ography. Staff #3 was asked o	n	log and a walk through of the p		
	10/20/2015 at 10:4	45 AM what was the green		and a wark unforger of the p		
	substance in the g	lass jar under the sink in the		room to ensure this solution is	broberra	
	Pathology room. S	Staff #3 stated, "I don't know	1	stored and labeled.		
	that belongs to the	a sonographer."				
		anufactures' guideline revealed				
	the following:					
		ition may be reused for up to a	-			'
	Maximum of 14 da	ays provided the required	.			
	conditions of onthe	p-phthalaldehyde concentration	' 			
1	and temperature t	exist based upon monitoring				
1	neight as day is a	Direction for use. Do not rely se. Concentration of this production				
1	during its source life	e must be verified by the CIDE	ΰl			
		e must be verilled by the Cibil t Strips prior to each use to	``	1		{
	determine that the		1			
1		de if above the MEC of 3%. Th	a			
	Product must be a	discarded after 14 days.	⁻			
	Use CIDEX OPA	Solution in a well-ventilated are	al			Į
		tainers with tight-fitting lids. If	1			
	adequate ventilati	on is not provided by the	1			
İ	existing air conditi	ioning system, use in local	1	1		
1	exhaust hoods, or	r in ductiess fume	1			
1	hoods/portable ve	entilation devices which contain				
1	filter media which	absorb ortho-phthalaldehyde	1	1		
	from the air."		1			
	A review of the ma	anufactures' guideline on the				<u> </u>

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE					
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A 255	"Usage: NO ACTIV Record the date the container label, or it the solution remains stored for up to 75 does not extend pacontainer) until use Record the date the the original contain in a log book (sepa above), or on a lab container. The solution container can be used if the CIDEX indicates a concention (Minimum Effective)	er revealed the following: ATION IS REQUIRED. e container was opened on the in a log book. After opening, ling in the container may be days (providing the 75 days est the expiration date on the id. e solution was poured out of er into a secondary container rate from the one mentioned el affixed to the secondary inton in the secondary sed for a period up to 14 days. De discarded after 14 days OPA Solution Test Strip tration above the MEC	A 255						
A 257	TAC 139.49(d)(5)(L) Standards (L) Performance re (II) Each sterilizer s operation for press desired temperatur be maintained either generated and shall (I) the sterilizer Ider (II) sterilization date (III) load number; (IV) duration and te	hall be monitored during ure, temperature, and time at e and pressure. A record shall ar manually or machine il include: at and time; and time; and time; and time; at a parature of exposure phase sterilizer recording charts);	A 257	A257 The clinic administrator will be responsible for ensuring all infe control standards are strictly fol ensuring the Autoclave Load Locompleted and adequately track performance of the autoclave.	ction lowed by g is	11/30/15			

Texas De	Texas Department of State Health Services (x3) DATE SURVEY								
OTATEL CLA	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLI				
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A 257	Continued From pa	age 18	,	Whole Woman's Health of San has updated its Autoclave Load include documentation of temp	Log to				
	Based on observatinterview, the facility performance recomperation that includes the control of	is not met as evidenced by: lion, record review, and ty failed to maintain ds for the autoclave during aded pressures, temperatures, ad temperature and pressure.		and pressure of each autoclave operation. Even though this information was not previously documented on the log, the stat sterilizing the instruments alwa confirmed that the autoclave we reaching the required temperat	during f ys as indeed				
		/20/2015 at 10:15 AM revealed n with one (1) Pelton Delta Q		pressure to ensure decontamina sterility of the instruments.	ation and				
	An Interview with S AM revealed she with sperson respon	Staff #3 on 10/20/2015 at 10:45 was the medical assistant and sible for the autoclaves. Staff roduce all logs and records for		A staff in service will be facilita the director of clinical services all staff understands the proper document the performance of a autoclave foe each load.	to ensure way to				
	records/logs prese show any docume date, time, duration	ord on 10/20/2015 revealed the inted for the autoclave did not ntation of the load identification, n and temperature of exposure operational phase of the		In order to monitor compliance this requirement the clinic administrator will conduct a maudit of the autoclave load log address adequate documentations.	onthly and				
		lew with Staff #3 confirmed autoclave records available.		training needs.					
A 258	TAC 139.49(d)(5)(Standards	L)((ii)(VI)(VII) Infection Control	A 258			11/30/15			
	operation for press	ecords. shall be monitored during sure, temperature, and time at re and pressure. A record shall							

Texas Department of State Health Services							
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	Survey Leted	
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A 258	Continued From pa	nge 19	A 258	A 258		11/30/15	
A 258	be maintained either generated and shared (VI) results of biolor performed; and (VII) time-temperate each sterilizer (if no recording charts). This Requirement Based on observation that included in the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the comperation of the records/logs presents of the comperational phase of the comperation phase of t	er manually or machine Il Include: glical tests and dates ure recording charts from of provided on sterilizer Is not met as evidenced by: ion, record review, and y failed to maintain des for the autoclave during ded pressures, temperatures, d temperature and pressure. 20/2015 at 10:15 AM revealed hology" room with one (1) oclave. Itaff #3 on 10/20/2015 at 10:45 as the medical assistant and lible for the autoclaves. Staff oduce all logs and records for ord on 10/20/2015 revealed the nted for the autoclave did not tation of the time, duration exposure phase during the of the autoclave.		The Clinic Administrator will be responsible for ensuring all infecontrol standards are strictly fol. Whole Woman's Health of San has updated its Autoclave Load include documentation of tempand pressure of each autoclave coperation. Even though this information was not previously documented on the log, the staff sterilizing the instruments alway confirmed that the autoclave was reaching the required temperate pressure to ensure decontaminasterility of the instruments. A staff in service will be facilitated director of clinical services to ensure decoment the proper was document the performance of eautoclave foe each load. In order to monitor compliance this requirement the clinic administration and the proper was document the performance of eautoclave foe each load.	ction lowed. Antonio Log to erature luring f ys is indeed ire and ition and ed by the issure all y to ach with inistrator the		
	AM confirmed there time-temperature fr	were no recordings of the om the autoclave.			,		

Tayes De	partment of State F	łealth Services			LVA CATE	PLIDVEY 1	
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A 259	Continued From pa	age 20	A 259				
A 250	TAC 130 40/41/51/	M) Infection Control Standards	A 259			11/30/15	
A Zoa							
	(M) Preventive ma	Intenance. Preventive					
ļ	maintenance of all	sterilizers shall be performed					
	basis by qualified	dual policy on a scheduled personnel, using the sterilizer					
	manufacturer's ser	rvice manual as a reference. A					
	preventive mainter	nance record shall be					
	maintained for each	th sterilizer. These records					
	snall be retained a	It least two years and shall be w to the facility within two hours					
1	of request by the						
		·		·			
1			1				
1	This Requirement	is not met as evidenced by:					
	Based on record r	eview and interview, the facility					
		preventive maintenance records	3				
	for the autodave.						
	Findings include:						
1		NAME	Į	-		1	
	Observation on 10	0/20/2015 at 10:15 AM revealed athology" room with one (1)					
	Pelton Delta Q au	todave.					
	1						
	An interview with	Staff #3 on 10/20/2015 at 10:45					
	AM revealed she	was the medical assistant and asible for the autoclaves. Staff					
	#3 was asked to n	produce all logs and records for					
	the autoclaves.						
	A		.]	·			
	A review of the rec	cord on 10/20/2015 revealed the ented for the autoclave did not	"				
	show any docume	entation of the time, duration					
	and temperature of	of exposure phase during the					
	operational phase	of the autoclave.					
						<u> </u>	

Texas De	epartment of State H	lealth Services				
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A 259	Continued From pa	nge 21	A 259			
A 259	An interview with S	taff #3 on 10/20/2015 at 10:45 e were no recordings of the	A 259			
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Exhibit 7.2 Legal Opinion to ISDH

PRINTED: 12/02/2015 FORM APPROVED

STATEMEN	epartment of State - IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	LE CONSTRUCTION ()	(3) DATE SURVEY COMPLETED
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A 0000	document. All infor	rm is an official, legal mation must remain	A 000	Oraph 1/8/16	
	correction, correction space. Any discrepitation(s) will be rectangled from the conference of the conference c	for entering the plan of on dates, and the signature pancy in the original deficiency iferred to the Office of the neral (OAG) for possible fraud. dvertently changed by the ne State Survey Agency (SA) mmediately. The was held with the facility and another facility staff rning of 11/10/15. The se of the licensure resurvey and an opportunity given for	1		
	approved plan of co An exit conference clinical coordinator staff on the evening	was held with the facility and another administrative g of 11/10/15. Preliminary ey were discussed, and an		A126 The Clinic Administrator will be	12/28/15
	(a) The licensee sh conduct of the licer assume full legal re implementing, enfo policies governing the and for ensuring the the Act and the appropriate and are adhealth care in a saf acceptable environ shall include at a mental conduction of the license of the	cy Development and Review all be responsible for the used abortion facility and shall seponsibility for developing, roing, and monitoring written the facility's total operation, at these policies comply with discable provisions of this ministered so as to provide and professionally ment. These written policies infimum the following:	A 128	responsible for the conduct of the facility, and for the implementation of the implementation of the implementation of the written policies governing the factorial that the clinic Administrator has place purchase order for small red bioh bags, as well as small biohazard stas a backup option for storing pathological waste in the biohazar freezer.	on, he ility. ed a azard ickers
SOD - SIBIB E LABORATORY	Om	TATIVE'S SIG		TITLE	(X6) DATE
STATE FORK				NI CUNIC Administrator	01 06 20 If continuation should 1 of 7

Texas Da	partment of State H	lealth Services	No		T	
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A 126	This Requirement Based on a review and interview the fi policles governing provide health care acceptable enviror Findings included: Facility procedure pathology" stated i "10. The staff men into a small biohaz or at the end of a s forts), the staff me another Ziploc and freezer." During a tour of the observed that the freezer contained Ziploc bags contai conception). The F	is not met as evidenced by: of policies, tour of the facility, acility failed to enforce written the facility's total operation, to e in a safe and professionally ment. entitled, "Procedure for	A 126	An In Service will be facilitated reiterate to staff that when work pathology, the POC should be pa small red biohazard bag to be the freezer, even though all the bags will be placed in a large biobag and container to be transpoof the building. In the event the has to use zip lock bags, a biohasticker will be placed on the out the bag in order to properly ide bag before placing it inside the biohazard freezer. In order to monitor compliance this requirement, the clinic administrator will conduct rand tracers on staff working in the plab, findings will be discussed dequality assurance meetings.	cing blaced in stored in small bhazard orted out clinic czard tside of ontify the e with domized pathology	
	Confirmed that all I blohazard bag price	11/10/15, staff member #2 POC should be placed in a or to being placed in a Ziploc the designated freezer.		A197		01/04/15
A 197	Requirements	Physical & Environmental	A 197	The Clinic Administrator will be responsible for ensuring all phy	sical and	
COD Clate	a licensed abortion	environmental requirements for nacility are as follows.		environmental requirements as accurately followed.	re	

Texas De	partment of State H	ealth Services			WAL DATE C	IIINEV 1
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A 197	(1) A facility shall: (A) have a safe amproperly constructed to protect the healt staff at all times; This Requirement Based on observation the facility falled to environment that whealth and safety of Findings were: During a tour of the following observation observation observation of the same produced to the same produ	d sanitary environment, and, equipped, and maintained h and safety of patients and is not met as evidenced by: ilon and an interview with staff, have a safe and sanitary was maintained to protect the of patients and staff at all times. In the exam table in the ontained tears, which can deprevent the exam table from ileaned. The medications in the exametable 10 ml with an ileaned of ewith brown ing visible on the packaging, ag with a torn/open packaging, actions and damaged supplies	A 197	The creases on the vinyl cover of exam table in the sonogram rook be repaired. This exam table wouse until the creases have been. Due to a clerical error expired medications were kept with cur medications in the crash cart, thow been removed and proper discarded. Staff has received trahow to evaluate the need to rep medical supplies that do not ha expiration dates, the ET and su tubbing have been removed fro cart, and have been replaced by ones. In order to ensure compliance physical and environmental requirements mandated by the clinic administrator will conduply physical walk through of the fainspect the appearance and fun of all equipment. Findings will addressed during the quality as meetings.	om will on't be in fixed. Trent hose have ly aining on lace ve ction om the very new with the state, the ct a cility to ctionality be	

Texas Department of State Health Services (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 11/10/2015 **B. WING** 008036 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **802 SOUTH MAIN STREET** WHOLE WOMANS HEALTH OF MCALLEN LP MC ALLEN, TX 78501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) A 201 A 201 Continued From page 3 TAC 139.48(1)(E)(F) Physical & Environmental A 201 A 201 A201 01/15/16 Requirements The physical and environmental requirements for The Clinic administrator will be a licensed abortion facility are as follows. responsible for ensuring the physical (1) A facility shall: and environmental requirements for the (E) store hazardous cleaning solutions and facility are followed accurately. compounds in a secure manner and label substances: (F) have the capacity to provide patients with The Clinic will install locks on the liquids. The facility may provide commercially laundry closet cabinets, and ensure all packaged food to patients in Individual servings. cleaning products are locked during if other food is provided by the facility, it shall be patient care hours. subject to the requirements of §§229.161 -229.171 of this title (relating to Texas Food Establishments): A staff in service will be facilitated on 01-15-16 to ensure all staff is aware of This Requirement is not met as evidenced by: ensuring these products are to be locked Based on a tour of the facility, the facility failed to during patient care. store hazardous cleaning solutions and compounds in a secure manner. Fallure to do so The clinic Administrator will ensure increases the risk of harm to patients. compliance with this requirement by Findings were: conducting random walk through of the facility. Findings will be addressed During a tour of the facility on 11-10-15, the during quality assurance meetings. unlocked laundry room contained items including disinfectant spray, air freshener spray, germicidal wipes, all-purpose spray cleaner and bleach. The above was confirmed in an interview, with staff #2 on 11-10-15 during a tour of the facility. A 249 TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control A 249 Standards J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall SOD - State Form

STATE FORM

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A 249	1		A 249	A249	i	01/15/16
	ensure proper stor manner that does of the product. (i) Sterilized items maintain cleanliner physical damage. (ii) Sterilized items well-ventilated, lim controlled tempera (iii) Sterilized items packaging is not compromised. (iv) Storage of sup designated for sto This Requirement Based on observa falled to store pee free of being crust punctured. FINDINGS: During a tour of the peel pouches were in the pathology repacks were crushed adhesive seal acrepacks was observed gaps present, present, present packaging being the packaging the packaging being the packaging being the packaging the packa	age and handling of items in a not compromise the packaging shall be transported so as to ss and sterility and to prevent shall be stored in ited access areas with ature and humidity. It is shall be positioned so that the rushed, bent, compressed, or their sterility is not opplies shall be in areas that are rage. Is not met as evidenced by: It is not met as evidenced b		The Clinic Administrator will b responsible for ensuring all infecontrol standards are accurately followed. The Clinic Administrator along the staff trained to work in the pathology and sterilization lab, reorganize the area and designa storage space on the clean side to carefully stack sterilized pour position free of being crushed, it compressed or punctured. In addition a staff in service will facilitated to ensure staff under how to properly store packs and pouches. In order to monitor compliance this requirement, the Clinic Administrator will conduct ran weekly inspections of the sterilistored instruments. Findings waddressed during quality assurameetings.	with will te cabinets ches in a cent, l be stands d with dom zed ill be	

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Texas De	partment of State H	lealth Services			(Y2) DATE S	I IEN/EV
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A 356	Continued From pa	3ge 5	A 356			
A 356	TAC 139.56(b)(c) E	Emergency Services	A 356	A356	1	01/04/16
	equipment and per resuscitation as de (relating to Anesthe (c) Personnel prov be currently certified American Heart As Cross, or the Amer Institute, or in accomprofessional licens	Il have the necessary sonnei for cardiopulmonary secribed in §139.59 of this title esta Services). Iding direct patient care shalled in basic life support by the sociation, the American Redrican Safety and Health ordance with their individual sure requirements, and if the description or job		The Clinic Administrator will be responsible for ensuring all personal complies with emergency service requirements. All staff members will receive Cardiopulmonary resuscitation training by January 4, 2016.	onnel es (CPR)	
	Based on a review interview with staff that all direct care and maintained cu cardiopulmonary rwas no documente practice and in-per demonstration of 0 as staff may not be medical emergence.			Documented evidence of hands skills practice and in person ass will be placed in personnel files. The Clinic Administrator will e compliance with this requireme conducting monthly audits of the personnel files, and scheduling proper recertification as needed.	essment nsure ent by he the	
POID State	direct staff member 4) obtained cardior through an online evidence of hands assessment and/or in an interview, on confirmed that the hands-on skills praassessment and/or assessment and/or and the cardior an	mei files revealed that 3 of 8 ers at facility (#1, 2, and bulmonary resuscitation (CPR) resource that contained no ron skills practice, an in-person of demonstration of CPR skills. 11/10/15, staff member #2 online course did not contain actice, an in-person or demonstration of CPR skills.				

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A 356	Continued From pa	age 6	A 356						
	National Safety Continuing Matter Income Inc	ith & Safety institute and the buncil website found at n/onlineonlycpr reveals that, lly recognized training program as endorses certification without ation of hands-on skills. Occupational Safety and Health SHA) online training alone does at aid and CPR training							

SOD - State Form STATE FORM

RNH011

EXHIBIT 8 Legal Opinion to ISDH

Operation Rescue

You are here: Home / Press Releases / Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

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Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

December 1, 2011 By Operation Rescue 3 Comments

Austin Texas – The Texas Commission on Environment Quality has released documents to Operation Rescue that show two Texas abortion clinics and the disposal company Stericycle have been slapped with fines in excess of \$83,000 for illegal dumping of aborted baby remains.

The fines are the result of complaints filed by Operation Rescue against Whole Woman's Health of McAllen and Austin after a three-

month undercover investigation. The TCEQ then conducted its own investigation and broadened the case to include Stericycle. In June, the TCEQ notified Operation Rescue that the two abortion clinics and Stericycle had all been cited for violations involving the improper disposal of human fetuses.

Fines for the violations were finalized three months later. TCEQ also ordered the abortion clinics and Sterioycle to make specific changes in their operations.



Dumpsters behind Whole Women's Health were open and spilling trash. Infectious waste and other hazardous materials, and private medical records were illegally dumped there.

The two abortion clinics also received a deferral of twenty percent of their fines on the same compliance contingency. However, if the TCEQ finds that they are not satisfactorily complying with the order, they will be required to pay the full amount.

"Our investigation only scratched the surface of what is really going on at abortion clinics in Texas. These hefty fines totally over \$83,000 show that the violations we discovered were valid and serious," said Operation Rescue President Troy Newman. "We can only imagine what

- Whole Woman's Health of McAllen was fined at total of \$17,430. It is required to make monthly payments of \$385.
- Whole Woman's Health of Austin was ordered to pay a total of \$22,980. It must pay off its fine with \$510 payments each month.
- Stericycle received the largest fine of \$42,612, which was paid in one lump sum minus twenty percent, which is deferred contingent upon satisfactory future compliance.
- would be found if every abortion clinic was thoroughly investigated."
- "Abortion clinics cannot be trusted to follow the law or tell the truth about it even if they are caught," said Newman." Time and again we have seen that abortionists have the attitude that they are above the law. Abortion clinics need to be inspected and v violations strictly "forced for the sake of

the public's welfare." In addition to the TCEQ fines, ten abortionists must answer to the Texas Medical Board for other abortion abuses discovered by Operation Rescue. Word on the extent of their discipline is expected in February.

F EDAILY CALLER NEWS FOUNDATION

EXHIBIT 9
Legal Opinion to ISDH

HEALTH

(http://dailycallernewsfoundation.org/)

(https://plus.google.com/104273926598894453484/posts) 🛅 (https://www.linkedin.com/company/the-daily-(http://www.twitter.com/dailycaller) 🕇 (http://www.facebook.com/DailyCaller) 🖇

Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds

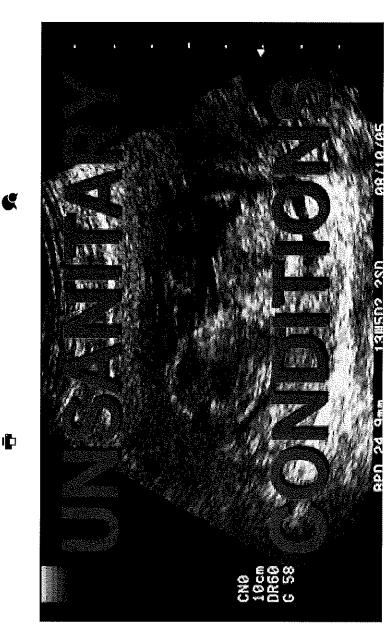
11:57 AM 10/27/2017

by GRACE CARR, reporter

(http://dailycaller.com/author/grace-carr/)



X



A string of abortion clinics across the country continues to violate the law and jeopardize the health and lives of women by failing to keep clinics clean and train staff adequately, according to the Texas Department of State Health Services. A slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017, the Free Beacon reported (http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspectionreveals/?utm_source=Freedom+Mail&utm_campaign=eb64ddce41-

EMAIL CAMPAIGN 2017 10 26&utm_medium=email&utm_term=0_b5e6e0e9ea-eb64ddce41-46249161) in conjunction with the nonprofit And Then There Were None (ATTWN).

button topic, does not mean that the abortion industry should get a free pass," Arina Grossu, Center for Human Dignity ᄉ "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot

Director at the Family Research Council, told the Free Beacon. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry." Medical instruments were unsterile and rusty, medication had expired, staff were inadequately trained, and the facilities patient records, disregard for informed consent, undercover calls and visits from minors, and waiting period violations. were dirty enough to constitute health hazards, the inspection reports found. The inspections also discovered faulty The Beaumont, Texas WWH clinic did not even have a registered nurse on staff in 2011.

ന A WWH abortion clinic in McAllen, Texas was in disrepair, with stains, cracks in exam tables and holes in the flooring, hundreds of thousands of deaths in the ongoing opioid crisis. (RELATED: Opioid Crisis: A Daily Game Of Russian 2016 study found. ATTWN's 2017 report also found missing stocks of fentanyl, which has responsible for the rise Roulette) (http://dailycaller.com/2017/09/29/opioid-crisis-a-daily-game-of-russian-roulette/). "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," ATTWN founder Abby Johnson said. The WWH clinic in Austin even had blood on the walls, she noted.

violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said. "If we're going to 'What we see in the abortion industry across the country is that inspections are done, people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same say that we're for women, and we're for protecting women, then this was sort of a common sense measure."

content/uploads/2016/12/Unsafe-Chart.pdf) WWH clinics — were cited for 1,400 health and safety violations, according to More than 220 abortion clinics between 2008 and 2016 — including six (http://unsafe.aul.org/wpa 2016 Americans United For Life (AUL) report (http://www.lifeissues.org/wpcontent/uploads/2017/01/UNSAFEreport.pdf)

WWH was also involved in a lengthy lawsuit, <u>Whole Woman's Health v. Hellerstedt (http://www.scotusblog.com/case-</u> files/cases/whole-womans-health-v-cole/), regarding restrictions on abortion services.

Follow Grace on Twitter (https://twitter.com/gbcarr24).

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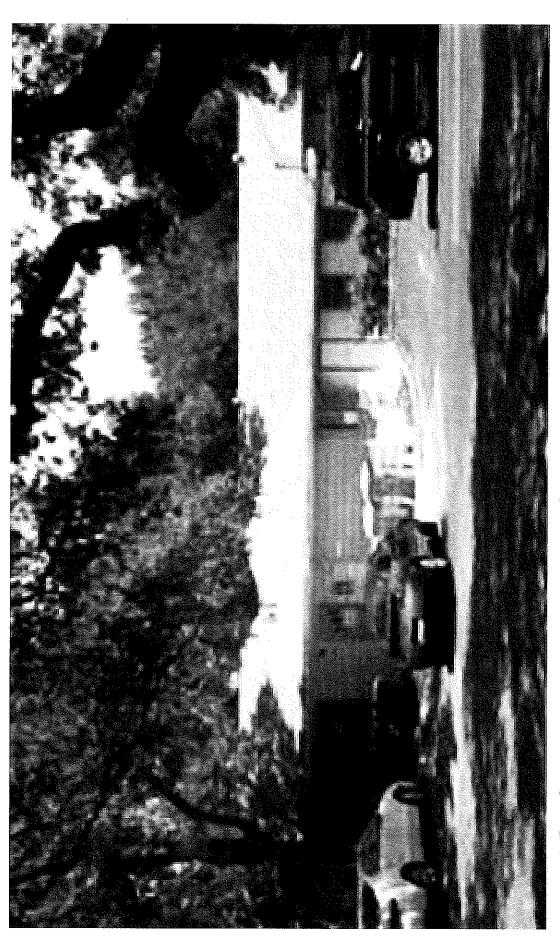
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Why Should Abortionists Have Admitting Privileges? Look at These Botched Abortions at Just One Clinic

(HTTP://WWW.LIFENEWS.COM)

100 m

9 STATE (HTTP://WWW.LIFENEWS.COM/CATEGORY/STATENEWS.) CHERYL SULLENGER MAY 19, 2014 | 11:53AM AUSTIN, TX



Whole Women's Health of Austin where docu-

After the passage in Texas last summer of an historic pro-life law known as HB2, hardly a week as gone by without articles penned by abortion supporters lamenting the new regulations as nothing more than a ploy to shut down abortion clinics.

Amy Hagstrom-Miller, President of the Whole Women's Health abortion clinic chain, is perhaps one of the loudest voices condemning the new law that has already closed 20 Texas abortion clinics — including two of hers. Once the rest of the provisions take effect this September, it is likely that only six abortion clinics will remain in the Lone Star State.

(http://lifenews.wpengine.netdna-cdn.com/wp-content/uploads/2014/05/wholewomens.jpg) Causing particular angst has been the requirement that abortionists maintain hospital privileges within 30 miles of their clinics.

"Our elected officials lied to all of us, HB2 has nothing to do with improving women's health and safety; but rather it is a proven and successful strategy to end safe abortion care for women in Texas," opined Hagstrom-Miller just last

Women's Health of Austin, over a 30-day period in 2012 that shows the clinic has a poor track record when it comes to However, Operation Rescue has received three 911 records from just one of Hagstrom-Miller's abortion clinics, Whole women's safety



Whole Women's Health of Austin where documents show a string of abortion-related medical emergencies.

safety regulations in the Texas law have nothing to do with patient safety. In fact, if patient safety was more of a concern to abortion clinics, perhaps we wouldn't see the long line of women being transported to the hospital, and in some cases, the morgue," said Troy Newman, President of Operation Rescue. "This documentation loudly refutes Ms. Hagstrom-Miller's fantasy that the hospital privilege requirement and other

The following incidents were documented through 911 Computer Aided Dispatch Transcripts obtained by Operation Rescue:

- March 17, 2012: A 20-year old female patient was transported to Saint David's Hospital suffering from an allergic reaction. This incident was of moderate severity, but required emergency hospital intervention.
- her condition. The WWH caller told dispatchers that the woman was breathing and conscious, but not alert. She was suffering condition was life-threatening. In fact, paramedics responding to the call upgraded the patient's priority upon assessment of • April 2, 2012: A 34-year old female was rushed to North Austin Hospital with a priority designation that indicated her abdominal pain and vomiting while at the clinic. This was the lost serious of the three incidents.
- April 18, 2012: A sick and vomiting 22-year old female patient was transported to St. David's Hospital. Records indicate that she suffered "no priority symptoms," nevertheless, she required emergency hospital treatment that could not be provided at

This 30-day snapshot of emergencies at just one Whole Women's Health abortion clinic shows that the these facilities are not equipped to handle even the least serious of complications that can be expected to occur at abortion clinics, much less the life-threatening ones.

situations, such as was inflicted upon the 34-year old patient on April 2, 2012. Even a short delay while hospital physicians struggle to diagnose a patient's condition, as we saw in the case of Tonya Reaves (http://www.operationrescue.org/archives/planned-parenthood-abortionist-evaded-blame-shifted-in-death-of-tonya-reavesdeposition-shows/), who died at a Chicago, Illinois Planned Parenthood clinic in 2013 can mean the difference between life and death. The hospital privilege When emergencies occur, it is imperative that there is continuity of patient care so that emergency treatment is not delayed, especially in life-threatening requirement adds a layer of protection for women who suffer abortion complications from suffering a delay in care.

which Whole Women's Health sends patients to the hospital emergency rooms for medical help the clinics cannot provide, these laws are critically needed to ensure Despite Ms. Hagstrom-Miller's hysteria, the Texas law — particularly the local hospital privilege requirement — is all about patient safety. Given the frequency with that women get the care they need.

If the law results in the closure of abortion clinics that cannot guarantee patient safety or continuity of care in the event of a medical emergency, then it is in the best interests of women for those abortion clinics to close. Hagstrom-Miller's attitude only reveals that the health and safety of women take a back seat to her financial profit margin, which is currently enhanced by cutting corners on women's lives.

View March 17, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-03172012.pdf) View April 18, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04182012.pdf) View April 2, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04022014.pdf)

practitioners and exposes their illegal and unethical practices. The group is known for serving as a watchdog of Planned Parenthood and other abortion businesses. LifeNews.com Note: Cheryl Sullenger is a leader of Operation Rescue (http://www.OperationRescue.org), a Kansas-based pro-life that monitors abortion

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Documentation/Resources EXHIBIT 11 Legal Opinion to ISDH	IL Department of Public Health Division of Health Facilities Standards: Statement of Deficiencies and Plan of Correction. Date of Survey: July 6,
Incident(s) Description	The Illinois Department of Public Health noted ton July 6, 2011 that deficiencies and violations at National Health Care Services included: - Staff not adequately trained was performing duties they should not have the potential for cross contamination of contagions. - Water temperature was not hot enough Snack nuts and packages of cookies were on the crash cart Failure to ensure staff training for emergency or non-emergency situations were conducted Facility failed to ensure medical histories and complete physical examinations were reviewed by the physician prior to the procedure Facility failed to ensure personnel administering intravenous sedation was qualified in the State of IL to administer anesthesia, RNs administering moderate sedation had multiple clinical responsibilities, were not ACLS certified and the physicians were not privileged to administer moderate sedation. No documentation to indicate physicians were ACLS certified.
Abortion Provider	National Health Care Services (now named Whole Women's Health of Peoria)
City	Peoria
State	

Texas Abortion Clinics Marred with Health, Safety Issues, Inspection Reveals

Posted By Charles Fain Lehman On October 27, 2017 @ 5:00 am In Issues | No Comments

New detailed inspection reports reveal dozens of violations of health and safety standards by Whole Woman's Health (WWH), a chain of abortion clinics that <u>says</u> it is "committed to changing the culture around abortion stigma."

The new documents, inspection reports between 2011 and 2017 from the Texas Department of State Health Services, were obtained by And Then There Were None (ATTWN), a nonprofit group that "exists to help abortion clinic workers leave the abortion industry."

The documents show a widespread problem of health violations at WWH clinics. Staff failed to properly disinfect and sterilize equipment used on multiple women, and were not properly trained in the sterilization of surgical instruments. In 2011, the Beaumont, Texas, clinic did not have a registered nurse on staff, in contravention of legal requirements. The inspector's reports also expressed concerns about maintenance of medical equipment. "There was [sic] numerous rusty spots on the suction machine used on the patient for evacuation of the products of conception," the Beaumont report notes. In multiple cases, supplies and medication were found to be clearly expired

Facilities themselves were also in disrepair, with floors that were "stained and discolored which gives the appearance of being dirty." bacteria and infectious matter." The reports also show cracks, rips, and tears on exam tables' covers, and a hole in cabinet flooring A 2016 report on the McAllen, Texas, facility notes a counter so warped it "was no longer a wipeable surface, which could harbor that had "the likelihood to allow rodents to enter the facility." In the most recent report, investigating the Austin facility, investigators found missing stock of fentanyl, the schedule narcotic linked to thousands of overdose deaths.

advocacy group Americans United for Life, between 2008 and 2016, 227 abortion clinics, including six Whole Woman's Health clinics, were cited for over 1,400 health and safety deficiencies. These included failures to ensure a "safe and sanitary environment" and These reports are part of broader concerns about the safety standards of abortion clinics. According to a report from the pro-life failures to properly handle patients' private information. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry," said Arina Grossu, bioethicist and the Director of the Center for Human Dignity at the Family Research Council.

Grossu pointed out how regulators and inspectors often look the other way when investigating abortion facilities. Such was true, Grossu said, in the case of abortion doctor and convicted murderer Kermit Gosnell. Pennsylvania state regulators did not inspect Gosnell's facility, <u>out of concerns</u> that inspections would be "putting a barrier up to women" seeking abortions. "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot button topic, does not mean that the abortion industry should get a free pass," Grossu told the Free Beacon. Abby Johnson, ATTWN's founder, had previously toured a WWH clinic in Austin, where she documented dirty equipment and what she took to be blood on the walls. "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," Johnson said.

Johnson, like Grossu, sees these failed health inspections as part of the broader trend of repeated failures of oversight in the abortion industry.

people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite "Laws only matter if they're enforced. And what we see in the abortion industry across the country is that inspections are done, them for the same violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said WWH's violations are of particular note because the group was the plaintiff in a case that went all the way to the Supreme Court in successful effort to ensure that abortion clinics were not required to meet high medical standards.

they provide a 24-hour contact number for patients to reach them at; and that abortion clinics meet the health and safety standards In 2013, the Texas State Legislature passed, and then-Gov. Rick Perry (R.) signed, <u>H.B. 2</u>. Among other limits on abortion, the <u>bill</u> <u>imposed</u> requirements that physicians at abortion clinics have admitting privileges at a hospital within 30 miles of the clinic; that of <u>ambulatory surgical centers</u>, a particular kind of clinic that provides surgeries as an alternative to hard-to-access hospitals.

"If we're going to say that we're for women, and we're for protecting women, then this was sort of a common sense measure,"

N Johnson, who lobbied for the bill, noted that many of the Planned Parenthood centers opened in Texas since the passage of H.B. met the ambulatory surgical center standards voluntarily. However, WWH decided that the health and safety requirements were unconstitutionally burdensome.

ത simply trying to ensure the health and safety of its female citizens. That suit eventually came before the Supreme Court which, in WWH brought suit, alleging that H.B. 2 violated it and its clients' constitutional rights. The state of Texas responded that it was 5-3 decision, agreed with WWH.

beyond rational belief that H. B. 2 could genuinely protect the health of women, and certain that the law 'would simply make it more "The Texas law called H. B. 2 inevitably will reduce the number of clinics and doctors allowed to provide abortion services.... it is difficult for them to obtain abortions," wrote Justice Ruth Bader Ginsburg in a brief concurrence.

Justice Samuel Alito, for his part, warned that the court's rush to support abortion rights meant that it failed to adequately investigate the surgical center requirements as anything but a "package," leading to the striking down of obvious and constitutionally sound safety measures. "Provisions that are indisputably constitutional—for example, provisions that require facilities performing abortions to follow basic fire safety measures—are stricken from the books. There is no possible justification for this collateral damage," Alito wrote.

Article printed from Washington Free Beacon: http://freebeacon.com

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Charles Fain Lehman is a staff writer for the Washington Free Beacon. He writes about policy, especially crime, law, drugs, and social issues. Reach him on twitter (@CharlesFLehman) or by email at lehman@freebeacon.com.

Follow @CharlesFLehman

Exhibit 7.1 Legal Opinion to ISDH

PRINTED: 12/28/2016 FORM APPROVED

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	should be notified i	mmediately.				
	An unannounced v	isit was made on the morning anduct a Re-licansure Survey				
	to determine comp	llance with 25 TAC Chapter		·		
	139 State Licensin	g Rules for Abortion Facility.				
		Ť				
	An entrance confer	rence was conducted with the				
	Director of Clinic S	ervices. The purpose of the				
	visit and procedure	for the survey was discussed.				
	An exit conference	was conducted on 10/21/15				
	with the Director of	Clinic Services, Deficiencies	}			i
	were cited. The fac	llity's personnel was given an				
	opportunity to provi	de additional information and				
	don deparents.			1		
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	Orientation/Training	Demonstrated Competency		A149		11/30/16
	(2) the amaleum and					
	not limited to, the fo	nderstands, at a minimum but		The Clinic Administrator will be		
	(A) coordination an	d treatment of patient care;		responsible for ensuring all person		
	(B) sterilization and	Infection control policies:		working in the pathology lab has		
	(C) patient education (D) informed conse	on/information;		hrough the appropriate orientat		
	(C) mornied cotted	ur houdes;		process, training and demonstra		
				competency on decontamination	ı and	
SOD - Stale F	74			sterilization techniques.		
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STATE

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 1 A 149 During the survey conducted on 10/21/15 the surveyor noted staff was not properly sealing the sterilization This Requirement is not met as evidenced by: pouches, therefore according to the Based on observation, record review, and surveyor allowing contaminated air to interview, the facility falled to ensure 1 (#3) of 1 get inside the pouch. There is no was trained in the sterilization process of surgical indication of infection control hazard to instruments. patients due to the air circulating throughout the facility, Whole Woman's Observed during the tour on 10/20/2015 at 10:15 Health of San Antonio has not reported AM there were approximately 20 sterile an increase of infection rate. instruments packaged in peel pouches which were being stored in a plastic container with no lid. These instruments were stored in the room The Director of Clinical services will where products of conception were examined and facilitate an infection control training on contaminated instruments were washed. The peel pouches were observed to have water stains November 30th, 2015. Staff will be or discoloration noted on the sterile packages. required to prepare for this training by There were no chemical indicators inside the peel reading WWH policy for pouches. Also, observed the peel pouches were decontamination and sterilization not sealed correctly. There is a perforated line techniques, during the training the where the pouches are to be folded. The pouches were not folded correctly which allowed outside designated trainer will show the staff the contaminated air to enter the pouches. The peet proper way to wrap, pack and sterilize pouches were observed to be crushed, bent, and instruments, by the end of the training compressed in the plastic container, which had no lid and the container was over filled with the staff will be asked to perform each instruments. The peel packs were not labeled one of these steps while being evaluated with the load number, date and or time. A review by the trainer. A competency checklist of the of the steam sterilizer operation guide recommends no more than 1.8 lbs., if using the will be documented and filed in the appropriate tray and pouches may not be staff's personnel record. stacked. It was observed in the sterilizer a load with peel pouches and 4 wrapped instrument sets In order to ensure compliance, the on the day of tour. There was no tray in the sterilizer to separate the instruments. The Clinic Administrator will perform instruments were lying on top of each other which randomized tracers to address staff's allowed no room for the instruments to have air competency and follow through of our circulation for proper sterilization and drying. policies and address training needs. SOD - State Form

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STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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A 149	Continued From pa	190 A	'''			
[A roudous of the mut	oclave load log from 9/29/2015				
(thru 10/19/2015 re	vealed no temperature, time, o	rl			
}	pressure recorded	on the log.				
	•					
	A review of the rec	ord titled, "Whole Women's				
	Health Pathology I	raining Checklist* revealed the ing for Staff #3. There was no				
	training on steriliza	tion of sterile instruments.				
1						
		y titled, "Procedure				
	Decontamination,	Disinfection, Sterilization, and Supplies" revealed the				
	Storage of Sterile a following:	anhhites tenesied (Lie				
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	"Maintenance of S	terility				
		kaged properly will remain				
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ł		il be considered sterile				1
	according to the m	anufacturer's instructions.				
		Il be inspected before use. If a				
		et, discolored, has a broken				
		d, the item will be returned to reprocessing/sterilizing.				
1		pe on the outside and on the				
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1		ing/sterilizing. The other				
1		m that load will be checked. re ("flash") sterilized				
]		cator tape or strip will be				
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STATE FORM

Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: _ B. WING 10/21/2015 140007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE (X4) ID PREFIX PREFIX DATE TAG DEFICIENCY) A 149 Continued From page 3 A 149 E. Sterllized items will be transported as to maintain cleanliness and sterility and to prevent physical damage. F. Sterilized Items will be stored in the sterile area. This area has controlled ventilation and has restricted access. G. Sterilized Items will be packed in the sterilizers and positioned so the packaging is not crushed, bent, compressed, or punctured in order to ensure the packages' sterility." An interview with Staff #3 on 10/20/2015 at approximately 3:00 PM confirmed the above findings and the policy was not being followed. Staff #3 was asked what type of training have you had on the sterilization of instruments. Staff #3 stated, "I just shadowed someone for couple of days." The interview with Staff #3 revealed the staff member was still not knowledgeable in the proper procedure of sterilizing instruments. A 197 TAC 139.48(1)(A) Physical & Environmental A 197 11/30/15 **A**197 Requirements The physical and environmental requirements for The Clinic Administrator will be a licensed abortion facility are as follows. responsible for ensuring the physical (1) A facility shall: (A) have a safe and sanitary environment, and environmental requirements for the properly constructed, equipped, and maintained facility are strictly followed. to protect the health and safety of patients and staff at all times: This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide safe and sanitary environment. SOD - State Form

_ Texas De	epartment of State I	ealth Services			(VA) DATE C	HOVEY
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A 197	Continued From pa	age 4	A 197	Laboratory Area: All patient su	pplies	11/11/15
	During the tour of t	he facility on 10/21/2015 at		have been removed from the cal	oinet	
	approximately 10:0	00 AM the following		under the sink, and have been st		
	environmental issu	es were observed:		a plastic container on a separate		
				cabinet. The packaging that was		
	The findings includ	led:		with betadine "brown substance		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			been removed from the lab and		;
	Laboratory Area:			properly disposed. An infection	control	
	Detication symples	n ware being stored upder the		training outlining the proper m		
	Patient lab supplies were being stored under the sink in the Lab room. Observed a brown			store laboratory supplies was fac		
	substance on patients' supplies and on the floor			for staff on 11/11/15, and the re-		
	of the sink shelf which appeared to be a leak.			have been failed in the each staff	1	
	Betheless Beams			personnel record.		
	Pathology Room:		ļ	personner record.		
	Observed some ty	pe of soap being stored in the		Recovery Room: The oxygen ta	nk hac	11/11/15
	bag out of the original container on the pathology			been moved to a safer place awa		11/11/12
	sink. There was water on the cablnet surface		ļ			
	where instruments are placed to dry. The		1	risk of being knocked down by	patients,	
	Administrator laid her phone down on the cabinet In the water during the tour and stated "Oh that's			visitors, or staff.		
	wet."			T 1 D Th. I I	.	11/10/25
		om beside the Biohazard]	Laundry Room: The Laundry re		11/12/15
		board box sitting on the floor for the surgical instruments.		been re organized with the inter		
		om (what the facility calls the		maintaining a clear separation b		
		nother box of the blue wrap in		the dirty linens, and the clean la		
		Itting on the floor. The		All janitorial supplies have been		
		ation were being examined and	ļ	properly stored in a closest desi	gnated	
		uments were being washed in he width of area discussed was	1	for janitorial supplies.		
		et that separated clean from		1		
	dirty.	•		Physical walk through of the fac		11/30/15
		top of the surgical trays on		The exam tables, and suction m		
		r the cabinet in the Pathology		will be refurbished to address th	e	
	room.			peeling paint, and the ceiling til	e with	
	In the Pathology ro	om 15 gallons of Cidex,		the 3 inch water mark in the lab	will be	
		, and bleach were being stored		replaced.		
Alei2 - CO2	E	·		· · · · · · · · · · · · · · · · · · ·	······································	

JME311

Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: _ B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX IO PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 197 Continued From page 5 A 197 In order to monitor compliance with directly on the floor. the physical an environmental requirements for the facility, the Patient Storage Closet: Administrator will perform a walk-In the patient care closet, where patient supplies through of the physical plant on a are stored it was observed there were sanitary weekly basis to ensure all supplies are pads on the floor. Dust particles were on the floor properly stored, ad equipment and next to the sanitary pads along with a biohazard instruments are in optimum condition. sharps container and card board boxes. The patient supplies were open on the shelves, and it was observed that there were card board shipping boxes on the shelves beside the open patient supplies. Also, there were card board shipping boxes stored on top of the open patient supplies. Card board boxes can harbor parasites. insects, and microorganisms. "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material; serve as generators of and reservoirs for dust." (AAM1 ST46-Section 5.2 Receiving items). Recovery Room: During the tour of the recovery room on 10/20/2015 at 3:00 PM observed 2 card board shipping boxes on the floor of the recovery room. The boxes were full of patients' supplies (blue pads). The lid was open to the boxes making it available for contaminants to enter the boxes. There was an oxygen tank sitting on the floor in the recovery area with a holder. The oxygen tank was beside the water fountain, which made it accessible to be knocked over by staff, patients, and family members. An interview with Staff #1 on 10/20/2015 at 3:00 PM confirmed the above findings.

Texas Department of State Health Services							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM CCIED		
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	Laundry Room:		1				
	madialy room.						
	During a tour of the	a facility on 10/20/15 and					
1		vey card board shipping boxes					
	were stored in from	it of the (2) soiled linen for in the laundry area. There					
		h contained paper towels and					
		acked in front of the soiled	1				
		the washer and dryer. In this					
		from the soiled linen cart					
		eet) was an open wire rack					
	where patient gowns, physicians 'scrubs, and patient blankets were being stored. There were						
	no barriers on the bottom shelf and no cover over						
		e shelf with the clothing items					
		Above the patient gowns,					
		, and patient blankets were towel rolls. There was clothing					
		p of the dryer along with boxes					
		Beside the dryer was another					
]	solled linen hamps	er that had a shipping box on					
		mper. Observed that all 3 linen					
		d linen in them. The linen					
		abeled with biohazard label. stayed cluttered with shipping					
		ed that none of the staff					
J		r moved or cleaned the area	1				
	during the 2 day st						
		Staff #1 on 10/21/2015 at					
	approximately 12:0	00 PM confirmed the above stated, "The boxes are here					
	because we just g	ot supplies."					
		ge in the laundry area during					
	the survey dates o						
	Tana - 6 M - 6 - 200 -	- ADMONG the fallendar					
	observations were	on 10/20/15, the following					
		acility, base boards were lifting					
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JME311

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED 140007 B. WING 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DATE DEFICIENCY) Continued From page 7 A 197 at some of the seams and "yellowing dirt" was observed along the base of the baseboards. - In the recovery room, the exam table had rust around each drawer and around the drawer handles. - In the procedure room- Amelia: the drawers of the exam table had rust and peeling paint. -In the procedure room -Georgia: The emesis basins, used for patients, were stored under the sink. The suction machine, the bumper around the machine had fallen off the machine and was covered in dust. in the Lab room: A ceiling tile had water damage. -The crash cart in the hallway of the facility was covered in dust. Interview on 10/20/15 with the staff S#1, confirmed the above findings. A 213 TAC 139.49(b)(1)(A)(i)(ii) infection Control A 213 11/30/15 **Standards** A213 (A) An abortion facility shall ensure that all staff The Clinic Administrator will be comply with universal/standard precautions as responsible for ensuring all infection defined in this paragraph. (i) Universal/standard precautions includes control standards are accurately procedures for disinfection and sterilization of followed. reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and Whole Woman's Health of San Antonio disposal of needles and other sharp instruments. has developed a performance record for (ii) Universal/standard precautions synthesize the the usage of Manual Vacuum Aspirator major points of universal precautions with the (MVA) in order to track the usage and points of body substance precautions and apply them to all patients receiving care in facilities. performance of the MVA's in rotation. (See log attached) SOD - State Form STATE FORM

STATEMENT OF DEPOISORS (MY) PROVIDER OR SUPPLIER 140007 STREET ADDRESS, CITY, STATE, 2IP CODE 4025 E SOUTHCROSS BLYED BLOG & SUITE 30 SAN ANTONIO, TX 7822. SAN ANTONIO, TX 7822. (MY) ID SEMBLARY STATEMENT OF DEPOISORS BY IVIL. RECULATORY ORLSC (DENTIFYING INFORMATION) PREFIX TAG A 213 Continued From page 8 regardless of their diagnosis or presumed infection status. This Requirement is not met as swidenced by: Based on observation, record review, and interview, the facility falled to maintain performance records for the usage of the Manual Vacuum Aspiration (frandheld syringe used for manual evacuation for an abortion), Also, the facility falled to follow their own policy processing the Ipas MVA Plus. A review of records revealed no documentation that the facility was keeping records of how many times the MVA had been used. A review of the manufactures' guideline on the Ipas MVA review of the manufactures' guideline on the Ipas MVA review of the manufactures' guideline on the Ipas MVA review of the manufactures' guideline on the Ipas MVA review of the manufactures' guideline on the Ipas MVA review of the records revealed the following: "Providers can choose the disinfectant/sterilization method that best results their practice. As a guideline, the labs MVA Plus can be used between 25-50 times when following the Ipas processing instructions provided in its package insert. Whichever method of disfrection's sterilization is chosen, the pas MVA needs to be inspected before next use. If the Ipas MVA needs to be inspected before next use. If the Ipas MVA needs to be inspected before next use. If the Ipas MVA needs to be inspected before next use. If the Ipas MVA was king on an open surface with no cover over the MVA. The cart was used to carry supplies in and out of the procedure room. A review of the facility on 1/02/02/015 at 10:50 AM observed multiple MVA's on the counter at the nursing station in an an open container with no lid. Also, observed a MVA lying on the second shelf of a rolling cart. T	Texas Department of State Health Services		(VALABA TIP)	E CONSTRUCTION	(X3) DATE SL	JRVEY	
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Texas De partment of State Health Services							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		140007	B. WING		10/2	1/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
WHOLE	WOMANS HEALTH O	F SAN ANTONIO	OUTHCROS	S BLVED BLDG 5 SUITE 30 8222			
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERCY)	O BE	(XA) COMPLETE DATE	
A 213	Continued From pa	ige 9	A 213				
	following:						
	"Cleaning and Prod	essing the Ipas MVA Plus:					
	warm water and de preferable to soap, an alternative, an e specifically designe	g all surfaces thoroughly in stergent. Detergent is which can leave a residue. As nzymatic cleaner, a solution and to clean blood and tissue sments, can be used.					
	*For a high-level disinfectant soak, place all the parts in the soak for the amount of time directed on the bottle. Ipas recommends Cidex or Cidex OPA, or Sporox II, however, Cidex OPA is the Facility's approved disinfectant soak. Ipas MVAs must soak in Cidex OPA for at least 12 minutes.						
	50 times when follo instructions. The ip inspected before ne	s can be used between 25 and wing the ipas processing as MVA should always be ext use, and should be gris of damage or is not					
	*Aspirators need to containers or packa and other contamir	be stored in dry, covered ages to protect them from dust nants."			:		
	AM confirmed the fa	aff #1 on 10/21/2015 at 10:30 acility was not keeping a vilnes the MVA had been		A242			
A 242	TAC 139.49(d)(5)(D Standards)(i)(li) Infection Control	A 242	The Clinic Administrator will be responsible for ensuring all infection trolls tandards are being follo	tion	10/22/15 11/30/15	
		es to be sterilized shall be		ensuring the sterilization proced strictly monitored.			
atel2 - CO?	Care				1		

Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING 10/21/2015 140007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID. (X4) (D PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 242 A 242 Continued From page 10 All instruments have been re sterilized packaged in materials recommended for the and the date, time, load # and autoclave specific type of sterilizer and material to be ID has been documented on each pouch sterilized, and to provide an effective barrier to and pack. microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 11/30/15 The Director of Clinical services will inches by 12 inches by 20 inches with a facilitate an infection control training on maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds. November 30th, 2015 staff will be (ii) All Items shall be labeled for each sterilizer required to prepare for this training by load as to the date and time of sterilization, the reading WWH policy for sterilizing load number, and the autoclave. decontamination and Sterilization techniques. During the training, the This Requirement is not met as evidenced by: designated trainer will show the staff the Based on observation, record review, and proper way to wrap, pack, and label interview, the facility failed to document on the instruments to be sterilized. By the end instrument packages the following: the date and of the training the staff will be asked to time of sterilizing, sterilizing load number, and the Identification of the autoclave used. perform each one of these steps while evaluated by the trainer. A competency Observed during the tour of the sterilization room checklist will be documented and filed on 10/20/2015 at approximately 10:14 AM the in the staff's personnel record. peel pouches in the plastic container and the peel pouches that were being removed from the autoclave were not labeled with date and time In order to ensure compliance, the sterilized, sterilizing load number, and the Clinic Administrator will perform Identification of the autoclave used. The wrapped instruments that were removed from the randomized tracer to address staff's autoclave were not labeled with date and time competency and follow through of our sterilized, sterilizing load number, and the policies and address training needs. Identification of the autoclave used. An interview with the Staff #3 on 10/20/2015 at 11:00 AM confirmed the above findings. A 245 TAC 139.49(d)(5)(F)(lil)(iv)(v) Infection Control A 245 11/30/15 Standards SOD - State Form

Texas Department of State Health Services (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 10/21/2015 140007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG A 245 A 245 Continued From page 11 A245 11/30/15 (F) Biological indicators. (iii) A log shall be maintained with the load The Clinic Administrator will be identification, biological indicator results, and responsible for ensuring all infection identification of the contents of the load. control standards are met by ensuring (iv) If a test is positive, the sterilizer shall the Biological Indicator (BI) log is immediately be taken out of service. A malfunctioning sterilizer shall not be put back into completed and accurate. use until it has been serviced and successfully tested according to the manufacturer's 10/21/15 All BI test performed after the survey recommendations. conducted on 10/21/15 have been (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A accurately documented on the BI log to list of all items which were used after the last include time and load ID, contents, and negative biological indicator test shall be the 24 hr reading with the time it was submitted to the administrator. run. This Requirement is not met as evidenced by: The Director of Clinical Services will Based on observation, record review, and facilitate a training for all staff working interview, the facility failed to maintain a log for biological indicators (BI) that included time, load in the pathology lab on how to run identification, and contents of the load. Also, the biological indicators (BI) and how to facility failed to follow their own policy. properly document the test and results of the spore test. The Director of Clinical Findings include: Services will observe each staff run the Observation on 10/20/2015 at 10:15 AM revealed BI test and document it on the log. a "Pathology" room with one (1) Pelton Delta Q autoclave. The Clinic Administrator will monitor An interview with Staff #3 on 10/20/2015 at 10:15 compliance with this standards by AM stated she was a medical assistant and the conducting an audit of the sterilization person responsible for the autoclave. Staff #3 and BI logs on a monthly basis to ensure stated, "I run a biological indicator (BI) test with adequate competency, and address the 1st load every day that the autoclave is ran." training needs. A review of the record titled, "Biological Indicator Log " on 10/20/2015 at 11:00 AM revealed the following: the time the biological was placed in the autoclave was left blank and the time the SOD - State Form

Tayas D	partment of State	lealth Services				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBERS	A. BUILDING:			
		140007	B. WING		10/2	1/2015
NAME OF C	POVIDER OR SUPPLIER		DRESS, CITY.	STATE, ZIP CODE		
1		4025 E SC		S BLVED BLDG 5 SUITE 30		
MHOLE !	MOMANS HEALTH (SAN ANTONIO SAN ANTO	ONIO, TX 7	8222		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOULD	O BE	(X5) COMPLETE
PREFIX		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				Dendienory		
A 245	Continued From p	age 12	A 245			
		24 hours later was left blank.	1			
		tification and contents of the mented on the biological log,				
	TOAG WAS NOT GOOD	illented out the plotogical log.				ı
		for the date 9/30/2015				
	revealed the contr	ol biological was left blank.				
[A review of facility policy titled, "Procedure for					
	Pathology" reveale	ed the following:				
	"Biological Indicate	ors				,
	The efficacy of the	sterilizing process will be				
		able biological Indicators. (i.e. mophilus) appropriate for the				
	type of sterilizer us	sed.				
	A. These indicator each day of use pe	s will be included in one run				
		intained with the load				
	identification, biolo	glcal indicator results, and				
		e contents of the load. ve, the sterilizer will				
	immediately be tak	en out of service and will not			ļ	
	be put back into se and successfully te	ervice until it has been serviced				
		ns will be recalled and	}			
		erilizer malfunction is found."				
		th Staff #3 on 10/20/2015 at			1	
]	completed and fac	ility policy had not been				
	followed.		ļ	A 247	}	
A 247	TAC 139 49/dV5V/	H)(i)(ii)(iii) Infection Control	A 247	EL 27/		11/30/15
'`"'	Standards	TANAMAN TARGOTT COMMON	727	The Clinic Administrator will b	e l	11/30/13
	/III) ##=!==================================	£ _a217a		responsible for ensuring all Infe		
	(H) Maintenance o (i) Items that are or	f sterility. roperly packaged and sterilized		Control Standards are accurate		
	shall remain sterile	indefinitely unless the		followed by ensuring medicatio		
		wet or torn, has a broken seal,		therapy protocol is followed.		
		e way, or is suspected of			_	
SOD - State	Form					

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 140007 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 E SOUTHCROSS BLVED BLDG 5 SUITE 30 WHOLE WOMANS HEALTH OF SAN ANTONIO SAN ANTONIO, TX 78222 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREEIX CROSS-REFERENCEO TO THE APPROPRIATE TAG DEFICIENCY) A 247 Continued From page 13 A 247 The unused lidocaine syringe found on being compromised. the rolling cart in the pathology room (ii) Medication or materials within a package that from the previous surgery day was deteriorate with the passage of time shall be immediately disposed of. dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If The Clinical coordinator performed a a package is tom, wet, discolored, has a broken thorough check of all procedure rooms, seal, or is damaged, the item may not be used. pathology lab and nurse's station to The item shall be returned to sterile processing ensure there are no unused medications. for reprocessing. An in service will be facilitated to all surgical staff in order to ensure their This Requirement is not met as evidenced by: understanding on the proper way to Based on observation and interview, the facility prepare medications for each day of falled to discard medication not administered in a timely manner. services, and how to dispose of all During a tour of the facility with the Administrator unused medications at the end of on 10/21/2015 at 9:46 AM observed a syringe on session. the second shelf of a rolling cart in the Pathology room. There were no staff members in the room. The Administrator was asked what is that syringe The Clinical Coordinator will be for and why was the syringe left unattended. The responsible for ensuring this practice is Administrator stated, "It was for today's procedure," Surveyor showed the syringe to the strictly followed, by conducting an end Administrator and the syringe was labeled of day walk through and check of each "Lidocaine 10/20/2015." The syringe had been left procedure room, pathology lab, and from the the previous day procedures. nurses station. Findings will be An interview with the Administrator on 10/21/2015 at 9:46 AM confirmed the above findings. immediately communicated to the Clinic Administrator, A 249 TAC 139.49(d)(5)(J)(i)(ii)(iii)(iv) Infection Control A 249 11/30/15 Standards A249 12/9/15 J) Storage of sterilized items. The loss of sterility The Clinic Administrator will be is event related, not time related. The facility shall responsible for ensuring all infection ensure proper storage and handling of items in a manner that does not compromise the packaging control standards are accurately of the product. followed. (i) Sterilized items shall be transported so as to SOD - State Form

Texas Department of State Health Services						
CTATCHEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,	E CONSTRUCTION	(X3) DATE S COMPLI	
AND PLAN (F CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:			
		140007	B. WING		10/21/2015	
NAME OF O	ROVIDER OR SUPPLIER		RESS, CITY, S	STATE, ZIP CODE		
		4025 E SO	UTHCROSS	BLVED BLDG 5 SUITE 30		
WHOLE \	WOMANS HEALTH O	F SAN ANTONIO SAN ANTO	ONIO, TX 78			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETE DATE
A 249	physical damage. (ii) Sterilized items well-ventilated, ilmicontrolled tempera (iii) Sterilized items packaging is not or punctured so that to compromised. (iv) Storage of sup designated for storage of sup designated for storage of sup designated for storage of sup designated for storage of punctured. FINDINGS: During a tour of the multiple peel pouch container in the papouches were four cart that was used instruments. Approximately 20 compressed in the lid and was stored products of concept contaminated instractility had no area sterile peel pouche.	shall be stored in lited access areas with liter and humidity. Is shall be positioned so that the rushed, bent, compressed, or their sterility is not plies shall be in areas that are rage. Is not met as evidenced by: Ition, and interview, the facility pouches in a position that was led, bent, compressed, or efacility on 10/20/2015, hes were stored in a plastic thology room. Also, the peel and in a blue tote bag on a rolling for storage of the sterile plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where a designated for storage of the sterile and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room, where often were examined and the plastic container which had no in the pathology room of the storage of the st		The Clinic Administrator along staff trained to work in the path and sterilization lab, have reorg the area and identified storage soutside of the pathology and sterilization room. They have designated storage space on the hall closet in order to adequatel sterilized pouches in a position being crushed, bent, compresse punctured. In addition a staff in service wil facilitated to ensure staff under how to properly store packs ampouches. In order to monitor compliance this requirement, the Clinic Administrator will conduct rar weekly inspections of the steril stored instruments. Findings waddressed during quality assurance tings.	ology anized space surgical y stack free of d or I be stands d e with idom ized iill be	

Tayas Da	partment of State I	Health Services				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT(PL	E CONSTRUCTION	(X3) DATE 8 COMPL	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		Comp	
			D MINIO		4010	4/0048
		140007	B. WING		10/2	1/2015
NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
11/11/01 27	NOMANS HEALTH (TE QANI ANTANIA		S BLVED BLDG 5 SUITE 30		
WHOLE	MONIMUS LEVELLI	SAN ANTO	ONIO, TX 7		,	
(X4) ID				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE
PREFIX	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)		DATE
				DEFICIENT		
A 255	Continued From p	age 15	A 255			
A 255	TAC 130 40(4)(5)(K)(i)(ii)(iii) Infection Control	A 255			11/30/15
7200	Standards	ry(ry(nym) nneonorr corneon	/	A255		
				ITTL. Citiata Administration with the		
	(K) Disinfection.			The Clinic Administrator will b		
		rer's written instructions for the ss shall be followed.		responsible for ensuring all infe		
		ate, determined according to		control standards are being foll		
	manufacturer's wr	itten recommendations, shall	Ì	ensuring the proper labeling an		
		container of disinfection		documenting of decontaminati	ng	
	solution currently i	n use. viutions shall be kept covered		solutions.		
	and used in well-v					
				Whole Woman's Health of San		
				uses the Metrex disinfection log	-	
		Is not met as evidenced by: Ition, record review, and		contains all the information rec	-	
		ity failed to follow the		the manufacturer's instructions	. (See	
		itten instructions for the use of		Attached)		
		Cidex) utilized on surgical				
		the facility failed to provide a the Cidex being utilized in the		This log tracks the date solution	ı prep,	
		rifection of surgical instruments.		expiration and staff preparing s		
	,			this log is kept on a binder labe	led	
	Findings:		1	Cidex OPA Plus log, and a		
	During the four of	the Batheless room on		memorandum directing staff to	ı	
		the Pathology room on M revealed a large clear plastic		document on the solution's original	ginal	
		Cldex. The container was		container the date it was opene	d, and	
		was no label to indicate when	1	when it expires according to the	B	
		ted. Also, under the sink in the		manufacturer's instructions wil	l be	
		as a gallon of open Cidex with notice in the container was open.		included in this binder as well a	ıs	
		suction jar % full with a green		circulated during the infection	control	
	liquid substance a	nd written on the side of the		training scheduled for 11/30/15	j	
		x. There was no label or date				
	as to when the liqu	ıld substance was mixed.			:	
]	During the tour of	the Pathology room (where				
	cold disinfectant w	as located) on 10/20/2015 at				
Ļ			l			

Texas De	partment of State H	lealth Services			(X3) DATE S	UBVEV 1
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	COMPLI	
AND PLAN	OF CORRECTION	` IDENTIFICATION NUMBER:	A. BUILDING:			-·
}					İ	ļ
			8. WING		10/24	/2015
-		140007	2		10/21	.2010
41545- 55-	COMPES OF CHESS IED	STREET AD	DRESS, CITY. S	STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUPPLIER			BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O					
MUOFE	TACKIUM HEWETH O	SAN ANT	ONIO, TX 78			
IVAIN		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DNE NC	(X5) COMPLETE
(X4) (O PREFIX	(FACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
			ļ			
A 255	Continued From pa	3ge 16	A 255	The Cidex solution currently in	use hv	
7.00			1			
1	10:45, Staff #3 was	s asked where the cold		the pathology staff has been plac	cea in a	!
	disinfectant log wa	s. Staff #3 stated, "I don't have		container with a tight lit. The Ci	dex used	
	a disinfectant log."	During a tour of the Pathology	i	to disinfect the ultrasound trans	ducer	
	room on 10/21/201	15 at 9:50 AM, a disinfectant				
	log was observed,	but the log was blank.	1	will be placed in a glass jar label		
1	_			date the solution was prepared a	and the	
	A review of the log	titled, "Solution Testing log		expiration date.		
•		e OPA" revealed the date			į	
	solution was opene	ed was 10/9/2015 and the	ĺ	1	المالم المالم	i
1	expiration date was	s 12/23/2015. The OPA-Cidex		In order to ensure compliance v	AITU TUIS	l
1	is only stable for 14	4 days from day the solution is		requirement the Administrator	will	i
	mixed. This log loc	cation/department was written		conduct a monthly audit of the		l
	as Path room/Sono	ography. Staff #3 was asked on	1	log and a walk through of the pa		
	10/20/2015 at 10:4	15 AM what was the green	1	log and a wark mitorian or me be	antorogy	
	substance in the gi	lass jar under the sink in the	1	room to ensure this solution is p	properly	
	Pathology room. S	itaff #3 stated, "I don't know	1	stored and labeled.	İ	
1	that belongs to the		!		į	
1		○ • • • • •			İ	
1	A review of the ma	nufactures' guideline revealed			j	
	the following:	<u></u>	1		-	
	"CIDEX OPA Solut	tion may be reused for up to a			ļ	
	Maximum of 14 da	ays provided the required	}		ļ	
		-phthaialdehyde concentration	1		ļ	
1		exist based upon monitoring				
	described in the Di	irection for use. Do not rely	1			ļ
	solely on day in us	e. Concentration of this product	4			1
	during its reuse life	e must be verified by the CIDEX	1			
	OPA Solution Test	Strips prior to each use to	ï			ł
1	determine that the		1	1		
		te if above the MEC of 3%. The	1			
		iscarded after 14 days.	1			ļ
1		Solution in a well-ventilated area				
		ainers with tight-fitting lids. If	1	•		[
		on is not provided by the]
1		oning system, use in local				
	exhaust hoods, or		1	1		
1	hoode/nortable ve	ntilation devices which contain				
1	filter media which	absorb ortho-phthalaidehyde	1	1		1
	from the air."	absorb Graio-philitalalugiliyud	1			
1		anufactures' guideline on the				
	With the Me	muractures guideline on me	l			

Texas Department of State Health Services							
GYATENGN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF COURCOION	(DEMILIAN) IN HOMBEL	A. BUILDING:				
		140007	B. WING		10/21/2015		
NAME OF F	ROVIDER OR SUPPLIER	_		STATE, ZIP CODE			
	WOMANS HEALTH O	E E ANI ANITONIO		S BLVED BLDG 5 SUITE 30			
WHOLE		JAHAHI	ONIO, TX 78	PROVIDER'S PLAN OF CORRECTI	ON	/vei	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		.DBE	(X5) COMPLETE DATE	
A 255	Continued From pa	age 17	A 255		_		
	·	er revealed the following:					
	"Usage: NO ACTIV	ATION IS REQUIRED.					
		e container was opened on the in a log book. After opening,					
		ing in the container may be		}			
		days (providing the 75 days					
	container) until use	est the expiration date on the od.					
	ŕ					İ	
		e solution was poured out of er into a secondary container					
	in a log book (sepa	rate from the one mentioned			i		
		el affixed to the secondary ition in the secondary					
		sed for a period up to 14 days.					
		be discarded after 14 days OPA Solution Test Strip					
		tration above the MEC					
	(Minimum Effective	Concentration), "					
	An Interview with the	ne Staff #1 on 10/21/2015 at					
	11:00 AM confirme	d the above findings.	Ì				
A 257	TAC 139.49(d)(5)(l	_)((ii)(I - V) Infection Control	A 257			11/30/15	
	Standards	7		A257			
	(L) Performance re	ecords.	}	The clinic administrator will be	1		
	(ii) Each sterillzer s	hall be monitored during		responsible for ensuring all infe			
		ure, temperature, and time at e and pressure. A record shall		control standards are strictly fo			
		er manually or machine		ensuring the Autoclave Load L			
	generated and sha			completed and adequately track	cs the		
	(I) the sterilizer idea (II) sterilization date			performance of the autoclave.			
	(III) load number;	•					
	(IV) duration and to	emperature of exposure phase sterilizer recording charts);				1	
	(V) identification of						
		. • •					
SOD State			<u> </u>	<u> </u>		L	

PRINTED: 12/29/2015 FORM APPROVED

Texas Department of State Health Services (x3) DATE SURVEY							
CTATELIEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIENCEM		CONSTRUCTION	(X3) DATE SI		
AND PLAN	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: ,		Į		
			5 mm		40/04	inn4e	
		140007	B. WING		10/27	/2015	
NAME OF D	FLOVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
				BLVED BLDG 5 SUITE 30			
WHOLE	OMANS HEALTH O	F SAN ANTONIO SAN ANTO	NIO, TX 78				
(X4)(D	SUMMARY STA	TEMENT OF DEFICIENCIES	(D	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOU	ON LD BE	(X5) COMPLETE	
PRÉFIX	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
TAG	,,,,,,,			DEFICIENCY)			
A 257	Continued From pa	age 18		Whole Woman's Health of San			
7201	Contandor From page 10			has updated its Autoclave Load	Log to		
				include documentation of temp	erature		
	This Requirement	is not met as evidenced by:		and pressure of each autoclave	during		
	Based on observat	tion, record review, and		operation. Even though this	}		
	interview, the facili	ty failed to maintain		information was not previously		•	
	performance records for the autoclave during operation that included pressures, temperatures,			locumented on the log, the staff			
	and times at desire	ed temperature and pressure.		sterilizing the instruments alwa	ys		
		•		confirmed that the autoclave w	as indeed		
	مداد ما مداد کام						
	HINGINGS INCIUGE:			pressure to ensure decontamin	ation and		
1		/20/2015 at 10:15 AM revealed		sterility of the instruments.			
		n with one (1) Pelton Delta Q		-			
	autoclave.			A staff in service will be facilita			
	An Interview with S	Staff #3 on 10/20/2015 at 10:45		the director of clinical services	to ensure		
	AM revealed she v	vas the medical assistant and		all staff understands the proper	way to		
	the person respon	sible for the autoclaves. Staff		document the performance of	each		
		roduce all logs and records for		autoclave foe each load.			
					1		
	A review of the rec	ord on 10/20/2015 revealed the		In order to monitor compliance	e with		
	records/logs prese	ented for the autoclave did not		this requirement the clinic			
	snow any docume	ntation of the load identification, n and temperature of exposure		administrator will conduct a m	ionthly		
	phase during the	pperational phase of the		audit of the autoclave load log			
	autoclave.	•		address adequate documentati	on and		
	A continued inter-	low with Staff #2 againment		training needs.			
A 258	TAC 139.49(d)(5)(Standards	(L)((ii)(VI)(VII) Infection Control	A 258			11/30/15	
	(I) Dorformance :	ecorde					
	(ii) Each sterilizer	shall be monitored during					
	operation for pres	sure, temperature, and time at					
	desired temperatu	ire and pressure. A record shall	1				
A 258	a "Pathology" room autoclave. An Interview with S AM revealed she with the person respons #3 was asked to pithe autoclave. A review of the records/logs preses show any docume date, time, duration phase during the cautoclave. A continued intervithese were all the TAC 139.49(d)(5)(Standards) (L) Performance recording for presession of the presession for presession for presession in the presession for presession in the presession for presession for presession for presession for presession presession in the presession for presession for presession for presession presession for presession presession for presession presession for	Staff #3 on 10/20/2015 at 10:45 was the medical assistant and sible for the autoclaves. Staff roduce all logs and records for cord on 10/20/2015 revealed the ented for the autoclave did not intation of the load identification, in and temperature of exposure operational phase of the lew with Staff #3 confirmed autoclave records available. (L)((ii)(VI)(VII) Infection Control ecords.	A 258	reaching the required temperate pressure to ensure decontaminate in the instruments. A staff in service will be facilitate director of clinical services all staff understands the proper document the performance of autoclave foe each load. In order to monitor compliance this requirement the clinic administrator will conduct a mandit of the autoclave load log address adequate documentation.	ure and ation and ted by to ensure way to each e with tonthly and	11/30/15	

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STATEMEN	BPARTMENT OF STATE F IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140007	B. WING		10/2	1/2015
	PROVIDER OR SUPPLIER WOMANS HEALTH O	E SAN ANTONIO 4025 E SC		STATE, ZIP CODE S BLVED BLDG 5 SUITE 30 8222		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MJST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 258	be maintained either generated and share (VI) results of biolooperformed; and (VII) time-temperate each sterilizer (if no recording charts). This Requirement Based on observatinterview, the facility performance recording charts interview, the facility performance recording that included and times at desired. Findings include: Observation on 10/2 a designated "Pat Pelton Delta Q autonomous autonomous with SAM revealed she with the person responsed was asked to provide autoclaves. A review of the recorder of the records/logs presens the autoclaves. An interview with SAM revealed she with autoclaves. A review of the recorder of the records/logs presens the autoclaves. An interview with SAM revealed she with autoclaves.	ar manually or machine il include: gical tests and dates ure recording charts from at provided on sterilizer. Is not met as evidenced by: ion, record review, and y failed to maintain ded pressures, temperatures, d temperature and pressure. 20/2015 at 10:15 AM revealed thology" room with one (1) aclave. Itaff #3 on 10/20/2015 at 10:45 as the medical assistant and ible for the autoclaves. Staff oduce all logs and records for ord on 10/20/2015 revealed the need for the autoclave did not tation of the time, duration exposure phase during the of the autoclave.	A 258	A 258 The Clinic Administrator will be responsible for ensuring all infecontrol standards are strictly followhole Woman's Health of San has updated its Autoclave Load include documentation of tempand pressure of each autoclave coperation. Even though this information was not previously documented on the log, the staff sterilizing the instruments alway confirmed that the autoclave was reaching the required temperate pressure to ensure decontamina sterility of the instruments. A staff in service will be facilitated director of clinical services to ensure document the performance of enautoclave foe each load. In order to monitor compliance this requirement the clinic administration and address a documentation.	ction lowed. Antonio Log to erature luring f ys is indeed are and ation and ed by the asure all y to ach with inistrator the	

Tayas Na	partment of State H	lealth Services			(VA) DATE OF	IDVEV
OTATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140007	B. WING		10/21	2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ORESS, CITY, S	TATE, ZIP CODE		,
	WOMANS HEALTH O			BLVED BLDG 5 SUITE 30		
WHOLE			ONIO, TX 78	PROVIDER'S PLAN OF CORRECT	ION	(X3)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LOBE)	COMPLETE DATE
A 259	Continued From pa	age 20	A 259			
A 259	TAC 139.49(d)(5)(l	M) Infection Control Standards	A 259			11/30/15
	maintenance of all according to Individuals by qualified properties and according to Individuals by the Individuals and Indivi	is not met as evidenced by: eview and interview, the facility				
	for the autoclave.	preventive maintenance record	s			
	Findings include:					
****	Observation on 10 a designated " Pa Pelton Delta Q au	0/20/2015 at 10:15 AM revealed hthology" room with one (1) todave.				
	AM revealed she was the person responsible #3 was asked to put the autoclaves.	Staff #3 on 10/20/2015 at 10:45 was the medical assistant and sible for the autoclaves. Staff produce all logs and records for				
	records/logs preses	cord on 10/20/2015 revealed the ented for the autoclave did not entation of the time, duration of exposure phase during the of the autoclave.	e			
L	I			<u></u>		

lexas D	epartment of State F	lealth Services			·	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		140007	B. WING		10/2	1/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4028 E SC		S BLVED BLDG 5 SUITE 30		
WHOLE	WOMANS HEALTH O	SANAIN	ONIO, TX 78	, , , , , , , , , , , , , , , , , , , 	A11	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.O BE	(X5) COMPLETE DATE
A 259	Continued From pa	age 21	A 259			
		taff #3 on 10/20/2015 at 10:45 a were no recordings of the rom the autoclave.				
			<u>.</u>			
				·		
,						
SOD - State	Form					

Exhibit 7.2 Legal Opinion to ISDH

PRINTED: 12/02/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
_		008036	B. WING		11/10/2015	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WHOLE 1	WOMANS HEALTH O	EMCALIENTO	TH MAIN STI N, TX 7850°		1	
(X4) 1D	SUMMARY ST/	ATEMENT OF DEFICIENCIES	QI QI	PROVIDER'S PLAN OF CORRECTION	ON (X6)	
PRÉFIX TAG	(EACH DEFICIENC REGULATORY OR L	Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFIDIENCY)	PRIATE DATE	
A 000	TAC 139 Initial Cor	mments	A 000	Oxof # 1/8/10)	
	document. All infor unchanged except correction, correcti space. Any discrectiation(s) will be retreas Attorney Ge if information is insprovider/supplier, the should be notified. An entrance confectinical coordinator member on the morpurpose and process.	orm is an official, legal mation must remain for entering the plan of on dates, and the signature pancy in the original deficiency eferred to the Office of the neral (OAG) for possible fraud. In the State Survey Agency (SA) immediately. The was held with the facility and another facility staff orning of 11/10/15. The licensure resurvey and an opportunity given for				
A 126	approved plan of contents of contents of the events of the events of the sun opportunity given for the sun opportunity given f	was held with the facility rand another administrative g of 11/10/15. Preliminary yey were discussed, and an	A 126	A126 The Clinic Administrator will b responsible for the conduct of t facility, and for the implementa	he tion,	
	conduct of the lice assume full legal r implementing, enfo policies governing and for ensuring the Act and the appropriate and are achapter and are achapter and enviror shall include at a measure of the act and the secondary of the act and the act act and the act and the act and the act and the act and the act and the act and the act and the act and the act and th	nall be responsible for the need abortion facility and shall esponsibility for developing, orcing, and monitoring written the facility's total operation, nat these policies comply with plicable provisions of this iministered so as to provide fe and professionally ment. These written policies ninimum the following:		enforcement and monitoring of written policies governing the fi The clinic Administrator has pl purchase order for small red bio bags, as well as small biohazard as a backup option for storing pathological waste in the biohat freezer.	f the acility. aced a chazard stickers	
SOD - State E LABORATORY		TATIVE'S 91G	NATURE	TITLE	(X6) DATE	
STATE FOR				N, Chnic Administrato	Y 01 06 2016 H continuation should 1 of 7	

Texas Department of State Health Services (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 11/10/2015 008038 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **802 SOUTH MAIN STREET** WHOLE WOMANS HEALTH OF MCALLEN LP MC ALLEN, TX 78501 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETÉ (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) An In Service will be facilitated to A 126 A 126 Continued From page 1 reiterate to staff that when working pathology, the POC should be placed in a small red biohazard bag to be stored in the freezer, even though all the small This Requirement is not met as evidenced by: bags will be placed in a large biohazard Based on a review of policies, tour of the facility, bag and container to be transported out and interview the facility failed to enforce written policies governing the facility's total operation, to of the building. In the event the clinic provide health care in a safe and professionally has to use zip lock bags, a biohazard acceptable environment. sticker will be placed on the outside of Findings included: the bag in order to properly identify the bag before placing it inside the Facility procedure entitled, "Procedure for biohazard freezer. pathology" stated in part, "10. The staff member will dispose of the POC Into a small biohazard bag. When that bag is full In order to monitor compliance with or at the end of a session (whichever comes this requirement, the clinic forts), the staff member will place that bag into administrator will conduct randomized another Ziploc and put it into the path lab tracers on staff working in the pathology freezer." lab, findings will be discussed during the During a tour of the facility on 11/10/15 it was quality assurance meetings. Observed that the freezer that the biohazard freezer contained approximately 5 unlabeled plain Ziploc bags containing POC (products of conception). The POC was not in a labeled blohazard bag. In an interview on 11/10/15, staff member #2 confirmed that all POC should be placed in a biohazard bag prior to being placed in a Ziploc bag and stored in the designated freezer. A197 01/04/15 A 197 TAC 139.48(1)(A) Physical & Environmental A 197 The Clinic Administrator will be Requirements responsible for ensuring all physical and The physical and environmental requirements for environmental requirements are a licensed abortion facility are as follows. accurately followed. SOD - State Form

STATE FORM

RNHO11

	partment of State F	(egili) Oetvices	(X2) MULTIPLE CONSTRUCTION (X3) DATE S			URVEY
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
WAT LITHU	gr goramotion		FR DUILDHIG.]	1
		008036	B. WING		11/10	/2015
NAME OF C	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		1
		802 50113	H MAIN STE			
WHOLE	WOMANS HEALTH O		N, TX 78501			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE
A 197	Continued From pa	age 2	A 197	The creases on the vinyl cover o		
	(1) A facility shall:			exam table in the sonogram roo		
	(A) have a safe an	d sanitary environment,		be repaired. This exam table wo		
	properly constructed, equipped, and maintained to protect the health and safety of patients and			use until the creases have been	fixed.	
	staff at all times;			Due to a clerical error expired		
}				medications were kept with cur	rent	
1			1	medications in the crash cart, the		
	This Requirement is not met as evidenced by:			now been removed and properl		
	Based on observa	tion and an interview with staff, have a safe and sanitary		discarded. Staff has received tra		
1	environment that v	vas maintained to protect the		how to evaluate the need to rep		
1	health and safety	of patients and staff at all times.		medical supplies that do not ha		
				expiration dates, the ET and su		
1	Findings were:		ŀ	tubbing have been removed fro		
	During a tour of the	e facility on 11-10-15, the		cart, and have been replaced by		
	following observati	ons were made:		ones.		
	The vind cover o	n the exam table in the				
	sonograph room c	ontained tears, which can		In order to ensure compliance	with the	
	harbor bacteria an	d prevent the exam table from		physical and environmental	-	
	being completely of	leaned.		requirements mandated by the	state, the	
	- Examination of It	ne medications in the		clinic administrator will condu		
		vealed 2 vials of Calcium		physical walk through of the fac		
	Gluconate 10 % in	jectable 10 ml with an		inspect the appearance and fun		
		10/15, 1 bag of Lactated		of all equipment. Findings will		
	Ringers 500 ml IV 5/2015, 1 ET Tube	with an expiration date of		addressed during the quality as		
		ing visible on the packaging,		meetings.	,	
		ng with a tom/open packaging.		Provide Sur Provid		
		cations and damaged supplies				
	were available for	pacient use.				
	The above was co	nfirmed in an interview, with				
	stan #2 dunng a to	our of the facility on 11-10-15.				

RNH011

Texas De	partment of State H	lealth Services			I	1
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A, BUILDING:	·		
		008036	B. WING		11/10)/2015
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY.	STATE, ZIP CODE		
		BO2 SOUT	H MAIN STI	REET		
WHOLE !	WOMANS HEALTH O	F MCALLEN LP MC ALLE	N, TX 7850			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SKOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_DB€	(XS) COMPLETE DATE
A 201	Continued From pa	age 3	A 201			
A 201	•	F) Physical & Environmental	A 201			
720	Requirements	Transfer a minimum of the control of		A201		01/15/16
	The physical and e	invironmental requirements for		The Clinic administrator will be	e	
	a licensed abortion	facility are as follows.		responsible for ensuring the ph	ysical	
	(1) A facility shall:	s cleaning solutions and		and environmental requiremen	ts for the	•
	compounds in a se	cure manner and label		facility are followed accurately.		
	substances;	sity to provide patients with				
	liquids. The facility	may provide commercially		The Clinic will install locks on		
	packaged food to p	patients in individual servings.		laundry closet cabinets, and en		
		vided by the facility, it shall be irrements of §§229.161 -		cleaning products are locked du patient care hours.	nring	
	229.171 of this title	(relating to Texas Food		padent care nours.		
•	Establishments);			A staff in service will be facilita	ted on	
				01-15-16 to ensure all staff is av	vare of	
		is not met as evidenced by:		ensuring these products are to	e locked	
1		the facility, the facility failed to eaning solutions and		during patient care.		
	compounds in a se	ecure manner. Fallure to do so				
	increases the risk	of harm to patients.		The clinic Administrator will en		
	Findings were:			compliance with this requireme conducting random walk throu		
	-	- \$10th 44 47 4 4 4		facility. Findings will be address		
	During a tour of the	e facility on 11-10-15, the oom contained items including		during quality assurance meeting		
	disinfectant spray,	air freshener spray, germicidal		and any down of more	, Do.	
	wipes, all-purpose	spray cleaner and bleach.				
		nfirmed in an interview, with				
	staff #2 on 11-10-1	5 during a tour of the facility.		,		
A 249	TAC 139.49(d)(5)(d) Standards	J)(i)(ii)(iii)(iv) Infection Control	A 249			
		ized items. The loss of sterility at time related. The facility shall				
SOD Slate	F			<u> </u>		

RNHO11

	epartment of State F T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	
		008038	8. WING		11/11	0/2015
NAME OF E	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		Ì
802 SOUTH MAIN STREET WHOLE WOMANS HEALTH OF MCALLEN LP MC ALLEN, TX 78501						
WHOLE		1100	N, TX 78501		ON	1041
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 249	manner that does of the product. (i) Sterilized items maintain cleanlines physical damage. (ii) Sterilized items welf-ventilated, lim controlled tempera (iii) Sterilized items packaging is not connocured so that compromised.	age and handling of items in a not compromise the packaging shall be transported so as to as and sterility and to prevent shall be stored in ited access areas with liter and humidity. It is shall be positioned so that the rushed, bent, compressed, or their sterility is not splies shall be in areas that are	A 249	A249 The Clinic Administrator will b responsible for ensuring all infe control standards are accurately followed. The Clinic Administrator along the staff trained to work in the pathology and sterilization lab, reorganize the area and designal storage space on the clean side to carefully stack sterilized pour position free of being crushed, it	ction with will te cabinets ches in a	01/15/16
	Based on observa falled to store pee free of being crust punctured. FINDINGS: During a tour of the peel pouches were in the pathology repacks were crushed adhesive seal acrepacks was observed gaps present, prediction of the tacking of the the packaging bei	Staff #3 on 11/10/15, confirmed		compressed or punctured. In addition a staff in service wil facilitated to ensure staff under how to properly store packs and pouches. In order to monitor compliance this requirement, the Clinic Administrator will conduct ran weekly inspections of the sterilistored instruments. Findings waddressed during quality assurameetings.	l be stands d e with dom ized ill be	

_Texas De	partment of State F	lealth Services		CONSTRUCTION	(X3) DATE S	URVEY	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	E CONSTRUCTION	COMPLETED		
AND PLAN	OF CORRECTION	IDEM HEIGHTIGH HOMOLIC	i a. Building: I				
					2414	NOD4E	
		008036	B. WING		1 17/10	0/2015	
NAME OF F	AST 1001 IS BUILDED	STREET AD	ORESS, CITY,	STATE, ZIP CODE			
802 SOUTH MAIN STREET							
WHOLE	WOMANS HEALTH O	NE LICALLEN LO	N, TX 78501				
444145	SHMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5) COMPLETE	
(X4) ID PREFIX	FACH DESIGIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)			
			A 250				
A 356			A 358				
A 356	TAC 139.56(b)(c) I	Emergency Services	A 356	A356		01/04/16	
				LEGO CONTRACTOR OF THE PROPERTY OF THE PROPERT			
	(b) The facility sha	ill have the necessary rsonnel for cardiopulmonary		The Clinic Administrator will b	e e		
	requipment and per	ascribed in §139.59 of this title	1	responsible for ensuring all per			
	(relating to Anesth	esia Services).					
	(c) Personnel prov	riding direct patient care shall		complies with emergency service	Les		
-	be currently certific	ed in basic life support by the		requirements.			
	American Heart As	ssociation, the American Red				[
į.	Institute or in seco	rican Safety and Health ordance with their individual		All staff members will receive	/ mm * \		
	professional licens	sure requirements, and if		Cardiopulmonary resuscitation	(CPR)		
	required in their jo	b description or job		training by January 4, 2016.			
	responsibilities.	•					
Ì				Documented evidence of hand			
1	This Postiroment	is not met as evidenced by:	ļ	skills practice and in person ass	essment		
	Based on a review	v of personnel files and an		will be placed in personnel files	.		
	interview with staff	f, the facility failed to ensure		The Clinic Administrator will			
1	that all direct care	personnel were competent in		compliance with this requirem			
	and maintained cu	urrent certification in		conducting monthly audits of t			
	cardiopulmonary r	resuscitation (CPR), as there ed evidence of hands-on skills		personnel files, and scheduling			
	oractice and in-ne	rson assessment and		proper recertification as neede			
	demonstration of	CPR skills. This presents a risk	. [brober recermication as needed			
	as staff may not b	e competent to respond in a					
	medical emergend						
	Findings included:	•					
			1				
		nnel files revealed that 3 of 6	1				
	Alablained cardio	ers at facility (#1, 2, and pulmonary resuscitation (CPR)	1				
	through an online	resource that contained no					
		s-on skills practice, an in-persor	۱	1			
	assessment and/o	or demonstration of CPR skills.					
	In an interview, or	11/10/15, staff member #2					
1		online course did not contain actice, an in-person					
		actice, an in-person or demonstration of CPR skills.	1				
<u></u>	Tassessinent and/o	or demonstration of OFT skills.		<u> </u>		 	

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	epartment of State F	leaim Services	COLLEGE TIES	CONSTRUCTION	(X3) DATE 5	URVEY	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	COMPLE	ETED	
AND PLAN	OF CORRECTION	IDEM ILIONI KOM NOWINELL	A. BUILDING:			1	
		ł	1				
		008036	B. WING		11/10	/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
NAME OF F	ROVIDER OR SUPPLIER						
WHOLE WOMANS HEALTH OF MCALLEN LP MC ALLEN, TX 78501							
11,10==				PROVIDER'S PLAN OF CORRECT	ION	(X5)	
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(FACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE	
PRÉFIX TAG	REGULATORY OR L	LSC (DENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	OPRIATE	DATE	
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EXHIBIT 8Legal Opinion to ISDH

Operation Rescue

You are here: Home / Press Releases / Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

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Over \$83,000 in Fines Assessed in Texas for Illegal Dumping of Aborted Baby Remains

December 1, 2011 By Operation Rescue 3 Comments

Austin Texas – The Texas Commission on Environment Quality has released documents to Operation Rescue that show two Texas abortion clinics and the disposal company Stericycle have been slapped with fines in excess of \$83,000 for illegal dumping of aborted baby remains.

The fines are the result of complaints filed by Operation Rescue against Whole Woman's Health of McAllen and Austin after a three-

month undercover investigation. The TCEQ then conducted its own investigation and broadened the case to include Stericycle. In June, the TCEQ notified Operation Rescue that the two abortion clinics and Stericycle had all been cited for violations involving the improper disposal of human fetuses.

Fines for the violations were finalized three months later. TCEQ also ordered the abortion clinics and Stericycle to make specific changes in their operations.



Dumpsters behind Whole Women's Health were open and spilling trash. Infectious waste and other hazardous materials, and private medical records were illegally dumped there.

The two abortion clinics also received a deferral of twenty percent of their fines on the same compliance contingency. However, if the TCEQ finds that they are not satisfactorily complying with the order, they will be required to pay the full amount.

"Our investigation only scratched the surface of what is really going on at abortion clinics in Texas. These hefty fines totally over \$83,000 show that the violations we discovered were valid and serious," said Operation Rescue President Troy Newman. "We can only imagine what

- Whole Woman's Health of McAllen was fined at total of \$17,430. It is required to make monthly payments of \$385.
- Whole Woman's Health of Austin was ordered to pay a total of \$22,980. It must pay off its fine with \$510 payments each month.
- Stericycle received the largest fine of \$42,612, which was paid in one lump sum minus twenty percent, which is deferred contingent upon satisfactory future compliance.
- would be found if every abortion clinic was thoroughly investigated."
- "Abortion clinics cannot be trusted to follow the law or tell the truth about it even if they are caught," said Newman." Time and again we have seen that abortionists have the attitude that they are above the law. Abortion clinics need to be inspected and v violations strictly storced for the sake of

the public's welfare." In addition to the TCEQ fines, ten abortionists must answer to the Texas Medical Board for other abortion abuses discovered by Operation Rescue. Word on the extent of their discipline is expected in February.

(http://dailycaller.com/)

F EDAILY CALLER NEWS FOUNDATION

EXHIBIT 9
Legal Opinion to ISDH

HEALTH

(http://dailycallernewsfoundation.org/)

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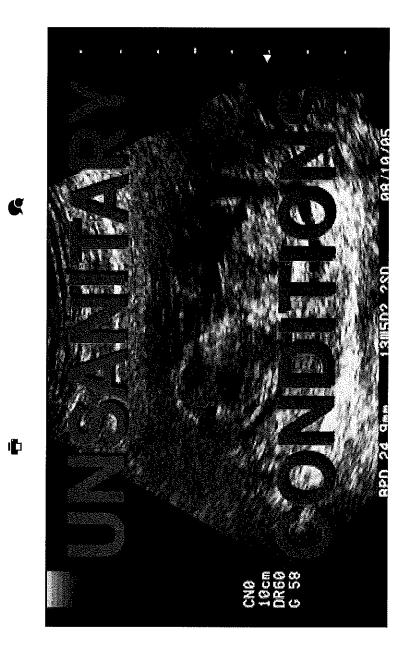
Abortion Clinics Are Crawling With Dirty Health Violations, Report Finds

11:57 AM 10/27/2017

by GRACE CARR, reporter

(http://dailycaller.com/author/grace-carr/)





A string of abortion clinics across the country continues to violate the law and jeopardize the health and lives of women by failing to keep clinics clean and train staff adequately, according to the Texas Department of State Health Services. A slew of Whole Woman's Health (WWH) abortion clinics miserably failed inspection reports between 2011 and 2017, <u>the</u> Free Beacon reported (http://freebeacon.com/issues/texas-abortion-clinics-marred-health-safety-issues-inspectionreveals/?utm_source=Freedom+Mail&utm_campaign=eb64ddce41-

EMAIL CAMPAIGN 2017 10 26&utm medium=email&utm term=0 b5e6e0e9ea-eb64ddce41-46249161) in conjunction with the nonprofit And Then There Were None (ATTWN).

button topic, does not mean that the abortion industry should get a free pass," Arina Grossu, Center for Human Dignity 🔷 "Anyone who cares for women's health and safety should want abortion facilities to be frequently inspected, no matter what their position is on abortion. Because this is a health and safety issue, and just because it has to do with a hot

Director at the Family Research Council, told the Free Beacon. "Restaurants and tanning salons and vet clinics, they're all more closely regulated than the abortion industry." Medical instruments were unsterile and rusty, medication had expired, staff were inadequately trained, and the facilities patient records, disregard for informed consent, undercover calls and visits from minors, and waiting period violations. were dirty enough to constitute health hazards, the inspection reports found. The inspections also discovered faulty The Beaumont, Texas WWH clinic did not even have a registered nurse on staff in 2011.

A WWH abortion clinic in McAllen, Texas was in disrepair, with stains, cracks in exam tables and holes in the flooring, a hundreds of thousands of deaths in the ongoing opioid crisis. (RELATED: Opioid Crisis: A Daily Game Of Russian 2016 study found. ATTWN's 2017 report also found missing stocks of fentanyl, which has responsible for the rise Roulette) (http://dailycaller.com/2017/09/29/opioid-crisis-a-daily-game-of-russian-roulette/). "I was appalled at the state of the Austin Whole Woman's Health. It looked more like a prison than an actual facility where patients went for healthcare. Disgusting does not do it justice," ATTWN founder Abby Johnson said. The WWH clinic in Austin even had blood on the walls, she noted.

violations, they make a temporary plan to improve ... it's the same cycle, over and over again," she said. "If we're going to 'What we see in the abortion industry across the country is that inspections are done, people come in, they're cited for violations, they make a temporary plan to improve, a year later an inspector comes in, they cite them for the same say that we're for women, and we're for protecting women, then this was sort of a common sense measure."

content/uploads/2016/12/Unsafe-Chart.pdf) WWH clinics — were cited for 1,400 health and safety violations, according to More than 220 abortion clinics between 2008 and 2016 — <u>including six (http://unsafe.aul.org/wp</u>a 2016 Americans United For Life (AUL) report (http://www.lifeissues.org/wpcontent/uploads/2017/01/UNSAFEreport.pdf)

WWH was also involved in a lengthy lawsuit, <u>Whole Woman's Health v. Hellerstedt (http://www.scotusblog.com/case-</u> <u>files/cases/whole-womans-health-v-cole/)</u>, regarding restrictions on abortion services.

Follow Grace on Twitter (https://twitter.com/gbcarr24).

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(http://dailycaller.com/buzz/the-washington-free-beacon/), Whole Woman's Health (http://dailycaller.com/buzz/whole-womans-Tags: Austin (http://dailycaller.com/buzz/austin/), Texas (http://dailycaller.com/buzz/texas/), The Washington Free Beacon health/)

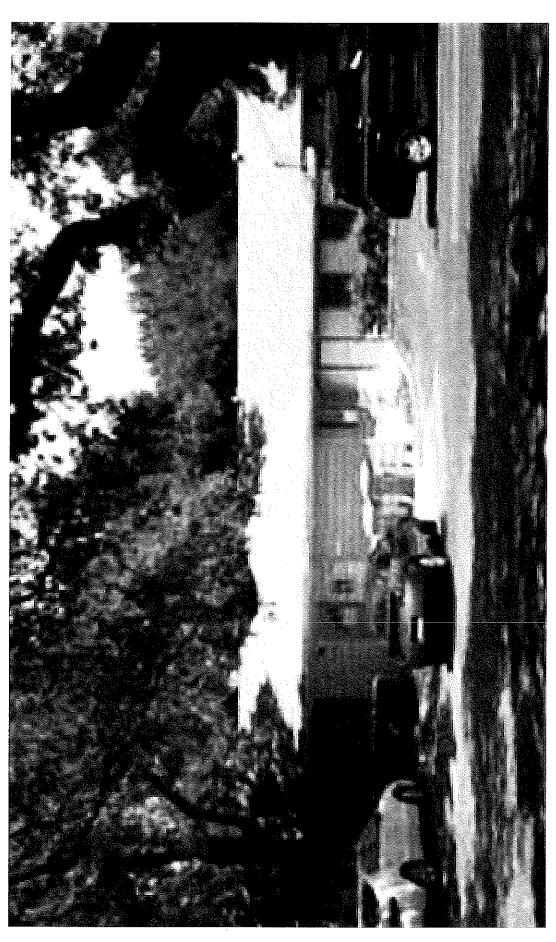
Show comments

Why Should Abortionists Have Admitting Privileges? Look at These Botched Abortions at Just One Clinic

(HTTP://www.lifenews.com)

OSTATE (HTTP://WWW.LIFENEWS.COM/CATEGORY/STATENEWS.) CHERYL SULLENGER MAY 19, 2014 | 11:53AM AUSTIN, TX

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ments show a string of abortion-related medical Whole Women's Health of Austin where docuemergencies. After the passage in Texas last summer of an historic pro-life law known as HB2, hardly a week as gone by without articles penned by abortion supporters lamenting the new regulations as nothing more than a ploy to shut down abortion clinics.

Amy Hagstrom-Miller, President of the Whole Women's Health abortion clinic chain, is perhaps one of the loudest voices condemning the new law that has already closed 20 Texas abortion clinics — including two of hers. Once the rest of the provisions take effect this September, it is likely that only six abortion clinics will remain in the Lone Star State.

(http://lifenews.wpengine.netdna-cdn.com/wp-content/uploads/2014/05/wholewomens.jpg)Causing particular angst has been the requirement that abortionists maintain hospital privileges within 30 miles of their clinics. "Our elected officials lied to all of us, HB2 has nothing to do with improving women's health and safety; but rather it is a proven and successful strategy to end safe abortion care for women in Texas," opined Hagstrom-Miller just last However, Operation Rescue has received three 911 records from just one of Hagstrom-Miller's abortion clinics, Whole Women's Health of Austin, over a 30-day period in 2012 that shows the clinic has a poor track record when it comes to women's safety



Whole Women's Health of Austin where documents show a string of abortion-related medica emergencies.

safety regulations in the Texas law have nothing to do with patient safety. In fact, if patient safety was more of a concern to abortion clinics, perhaps we wouldn't see the long line of women being transported to the hospital, and in some cases, the morgue," said Troy Newman, President of Operation Rescue. "This documentation loudly refutes Ms. Hagstrom-Miller's fantasy that the hospital privilege requirement and other

The following incidents were documented through 911 Computer Aided Dispatch Transcripts obtained by Operation Rescue:

- March 17, 2012: A 20-year old female patient was transported to Saint David's Hospital suffering from an allergic reaction. This incident was of moderate severity, but required emergency hospital intervention
- her condition. The WWH caller told dispatchers that the woman was breathing and conscious, but not alert. She was suffering condition was life-threatening. In fact, paramedics responding to the call upgraded the patient's priority upon assessment of April 2, 2012: A 34-year old female was rushed to North Austin Hospital with a priority designation that indicated her abdominal pain and vomiting while at the clinic. This was the lost serious of the three incidents.
- April 18, 2012: A sick and vomiting 22-year old female patient was transported to St. David's Hospital. Records indicate that she suffered "no priority symptoms," nevertheless, she required emergency hospital treatment that could not be provided at

This 30-day snapshot of emergencies at just one Whole Women's Health abortion clinic shows that the these facilities are not equipped to handle even the least serious of complications that can be expected to occur at abortion clinics, much less the life-threatening ones.

situations, such as was inflicted upon the 34-year old patient on April 2, 2012. Even a short delay while hospital physicians struggle to diagnose a patient's condition, as we saw in the case of Tonya Reaves (http://www.operationrescue.org/archives/planned-parenthood-abortionist-evaded-blame-shifted-in-death-of-tonya-reavesdeposition-shows/), who died at a Chicago, Illinois Planned Parenthood clinic in 2013 can mean the difference between life and death. The hospital privilege When emergencies occur, it is imperative that there is continuity of patient care so that emergency treatment is not delayed, especially in life-threatening requirement adds a layer of protection for women who suffer abortion complications from suffering a delay in care.

which Whole Women's Health sends patients to the hospital emergency rooms for medical help the clinics cannot provide, these laws are critically needed to ensure Despite Ms. Hagstrom-Miller's hysteria, the Texas law — particularly the local hospital privilege requirement — is all about patient safety, Given the frequency with that women get the care they need.

If the law results in the closure of abortion clinics that cannot guarantee patient safety or continuity of care in the event of a medical emergency, then it is in the best interests of women for those abortion clinics to close. Hagstrom-Miller's attitude only reveals that the health and safety of women take a back seat to her financial profit margin, which is currently enhanced by cutting corners on women's lives.

View March 17, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-03172012.pdf) View April 2, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04022014.pdf)

View April 18, 2012 CAD transcript (http://operationrescue.org/pdfs/CAD-WWHAustin-04182012.pdf)

practitioners and exposes their illegal and unethical practices. The group is known for serving as a watchdog of Planned Parenthood and other abortion businesses. LifeNews.com Note: Cheryl Sullenger is a leader of Operation Rescue (http://www.OperationRescue.org), a Kansas-based pro-life that monitors abortion

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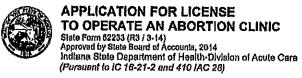
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Documentation/Resources EXHIBIT 11	Legal Opinion to ISDH	IL Department of Public Health Division of Health Facilities Standards: Statement of Deficiencies and Plan of Correction. Date of Survey: July 6,
Docum		IL Depx Divisio Standa and Pla Survey
Incident(s) Description		The Illinois Department of Public Health noted ton July 6, 2011 that deficiencies and violations at National Health Care Services included: - Staff not adequately trained was performing duties they should not have the potential for cross contamination of contagions. - Water temperature was not hot enough Snack nuts and packages of cookies were on the crash cart. - Failure to ensure staff training for emergency or non-emergency situations were conducted. - Facility failed to ensure medical histories and complete physical examinations were reviewed by the physician prior to the procedure. - Facility failed to ensure personnel administering intravenous sedation was qualified in the State of IL to administer anesthesia, RNs administering moderate sedation had multiple clinical responsibilities, were not ACLS certified and the physicians were not privileged to administer moderate sedation. No documentation to indicate physicians were ACLS certified.
Abortion Provider		National Health Care Services (now named Whole Women's Health of Peoria)
City		Peoria
State		님

and Mental Hygiene, Statement of beficiencies and Plan of Correction, Whole Women's Health Baltimore, Inspection Date February 22, 2013, available at http://abortiondocs.org/wpcontent/u ploads/2014/11/Whole-Womens- use and storage of Health-Baltimore- Initial-Survey-2-22-	oort from the north Carolina Division of Health Service Regulation, Statement of iencies: Alliance, for inspection on April 3, 2014, available at https://www2.ncdhhs.gov/dhsr/a https://wwwa.ncdhsr/a https://www.andhs.gov/dhsr/a https://www.andhsr/a https:/	
The Statement of Deficiencies Report from the February 22, 2013 inspection of Whole Women's Health Baltimore found deficiencies included: Eailure to secure the medical waste sharps container and protect the safety of patients. Failure to implement their policy and procedures for the use and storage of medications.	The Statement of Deficiencies Report from the April 3, 2014, inspection of Women's Health Alliance found the following deficiencies: - Failure to have a witnessed voluntarilysigned informed consent for each surgery or procedure in 1 of 4 clinic records reviewed of patients that had abortion procedures. - Failure to verify the patient's full and true name for 4 of 4 patients who had abortion procedures. - Failure to maintain a daily procedure log of all patients receiving abortion services along with type of procedure, time of procedure, and Name of the Registered RN on duty. - Failure to ensure medications were administered by a RN or LPN in accordance with the State of NC for 2 of 2 patients who were administered medications and had a surgical abortion procedure performed. - Failure to ensure sterile instruments were not outdated and failed to ensure autoclave testing was performed per clinic policy.	
Whole Women's Health Baltimore	Women's Health Alliance	
Baltimore	Chapel Hill	
MD	NC	

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date/expired.	
clinic's infection control policy for	
confirmed the staff did not follow the	
testing was performed per clinic policy. Interview with the administrative staff	
- Failure to ensure sterile instruments were not outdated and failed to ensure autoclave	
procedure performed.	
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administered by a RN or LPN in	
- Failure to ensure medications were	

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Division of Acute Care Use Only							
Date Received (m	m/dd/yyyy)	Date Approve	ed (mm	/dd/yyyy)	Date Rejec	ed (mm/dd/yyyy)
Please Type or Pr	int Legibi	<u>y, </u>					
			SECTION I	- TYPE	OF APPLICATION		
Application (Checi	k appropri	ate Item.)					
Mew Facility Renewal Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) Submit a dated and signed copy of the bill of sale, lease or other document of transfer.							
			SECTION II - I	DENTI	FYING INFORMATIO	N	
A. Abortion Cilnic	Location						
Name of Abortion Clin	lo						
Whole Woman's He	aith Ailland	28					
Street Address (numb	or and stre	et)					P.O. Box
3611 Lincoln Way V	Vest						
City					County	· · · · · · · · · · · · · · · · · · ·	ZIP Code +4
South Bend					St. Joseph		46628-1411
Telephone Number	Fex Num	ber			F		
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C. Licensee/Ownership Information							
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Whole Woman's Hea	-		•				
Street Address (numb							P.O, Box
1812 Centre Creek E	ldva. Sulta	205					
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Austin					Texas		78754
Telephone Number		Fax Numb	190	EIN N			Fiscal Year End Dale (mm/dd)
(512) 835-6658		(812)	835-6568		46-5318393		12/31

D. Services provided under this license:							
Code items 1 and 2 as follows: 1. Provided directly by employee	z(s), 2. Provided by a contract service, 3. Both 1 and 2.						
1. Ancillary Services: Laboratory; CLIA Ce	ertificate Number	Radiology Counseling					
		·					
1 Family Planning Pharmacy Other (List):							
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2. Surgical Services: Gynecology	Other (List):						
For item 3, indicate the total number of individuals (employees pl	us contractors) working in this clinic. This includes how	ly, part-time, and full-time persons.					
ा ।	Licensed Practical Nurses:						
3. Staffing: Physicians: 1 Registered Nurses:	Licensed Practical Nurses:						
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Licensed Social Workers:	Other (List title and number): 12	NOT					
E. Number of Procedure Rooms Utilizing:							
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Local analgesia/anesthetic	Moderate/Conscious Sedation 0]					
F. Type of Entity:							
For Profit	Non-Profit	Government					
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☐ Partnership	☐ Individual	☐ County					
Corporation	☐ Partnership	☐ City					
☐ Limited Liability Company	☑ Corporation	City/County					
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Secretary	. s i de	ohn ti; Buey II	1812 Centre Cree Texas, 78754	k Drive, Suite 205, Austin,
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License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

	Check One	Total First Trimester Procedures in the Clinic	Fee
\mathbb{L}	✓	Zero to 799	\$500.00
		800 to 3,499	\$1,000.00
		3,500 to 6,999	\$2,000.00
		7,000 and above	\$3,000.00

Indiana Hospital Council: 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



Liam Lynn Morley

bread and roses

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Message

More

Studied Gender and Women's Studies at Indiana University South Bend $\langle \mathfrak{D} \rangle$





Liam Lynn Morley

Apr 16 at 1:17pm . @

left, lost heart, and fainted. Paths to redemption have held it down, believed, waited, and watched while men Happy Easter! Reflecting on the morning that women always been told through women's stories; don't let centuries of patriarchal readings of the Bible let us forget that!

1 Share

Comment Comment

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Liam Lynn Morley

Apr 14 at 11:20pm . @

brown son die before her eyes by the violence of the Reflecting today on Mary's pain as she watched her

It is finished, but our work is not.

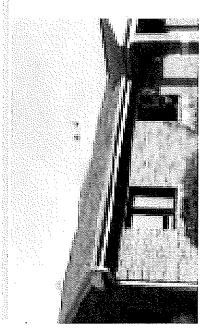




CICK here to see a list Local doctors, women health advocates speak out about possible South Bend abortion

by Heather Black, WSBT 22 Reporter









SOUTH BEND -

Around 25 local doctors and women health advocates are voicing their concerns about an abortion clinic wanting to come to South Bend.

They addressed the St. Joseph County Council Tuesday.

The issue wasn't on the council's agenda, but they used the public comment period to speak about what they say is a concern for women in the

They're concerned about the medical process to have an abortion and what they call a "bad track record" for these types of facilities.

Whole Woman's Health wants to make South Bend it's next site for an abortion clinic, but more than 20 doctors, nurses and health advocates spoke against the process of the abortion. "We see complication rates across a wide variety of studies. Those complications include things like hemorrhages. Some of those require transfusions in the ve to seven-percent category. Infections that can lead to sepsis and even death," said Justin, resident physician at local hospital.

STATEMENT ON PROPOSED CLINIC

WHOLE WOMAN'S HEALTH

"We respect all peoples beliefs and are here to serve women in the community who deserve access to our high-quality care."



Amy Hagstrom Miller Whole Woman's Health C.E.O.

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clinic#photo-2)

VIEW PHOTO GALLERY

🖼 4 photos (/news/local/gallery/local-doctors-women-health-advocates-speak-out-about-possible-south-bend-abortion-clinic)

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Local OBGYN David Parker says he's seen women who regret their decision.

"In my practice, I've seen patients who have taken the first pill the mifepristone pill and have experienced regret and they have come to me asking me to help them. I don't want my baby to die what can you do?" said Parker. In a statement Tuesday, Amy Hagstrom Miller, the president and CEO of Whole Woman's Health, says the clinics are "committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."

procedures of the state. "We know that there is an organization here that has the same kind of profile as Dr. Klopfer wanting to come back in our town," said McGuire. Miller says her group respects "all peoples beliefs and are here to serve women in the community who deserve access to our high-quality Granger Family Physician Laura McGuire says she's concerned about the former South Bend abortion clinic, which was shut down after failing the

The group that spoke out Tuesday wants the council to at least create a medical standard for the abortion clinic if it comes. The entire statement from Whole Woman's Health is below:

quality care; treating the mind, the body and the heart with the dignity and respect Midwestern women deserve at a challenging time in their lives. Women and families everywhere deserve access to high-quality reproductive health care, including safe abortion care. Whole Woman's Health has a long-standing Whole Woman's Health of South Bend joins its sister clinics in Peoria, Illinois and Minneapolis, Minnesota to serve women in the Midwest with the highest commitment to providing that care with dignity and respect, and in areas where women's access to that care has often been denied

	elings and beliefs. We know f peoples values. We respect all	Bend, and at Whole Woman's ill range of reproductive health	≡ TRENDING
	r many people and it often involves a deep examination of people's fe y as a medical issue; we know it often involves a deep examination of community who deserve access to our high-quality care.	Pence's Indiana communities, such as South the best medical care, which included the fu	MAIL
	We understand that abortion is a complex issue for many people and it often involves a deep examination of people's feelings and beliefs. We know women don't only experience unplanned pregnancy as a medical issue; we know it often involves a deep examination of peoples values. We respect all peoples beliefs and are here to serve women in the community who deserve access to our high-quality care.	Access to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and at Whole Woman's Health we are committed to improving people's lives by providing access to the best medical care, which included the full range of reproductive health services for women."	TWITTER
	We understand that abortion is a complex issue for women don't only experience unplanned pregnanc peoples beliefs and are here to serve women in the	Access to quality abortion service Health we are committed to impraservices for women."	FACEBOOK

New abortion clinic applies for license in South Bend

https://www.southbendtribune.com/news/healthandsafety/new-abortion-clinic-applies-for-license-in-south-bend/rticle_a9b47a26-1e28-5b10-82d7-4af30e060ec3.html

By Margaret Fosmoe South Bend Tribune Oct 14, 2017

EXHIBIT 14 Legal Opinion to ISDH

The Austin, Texas-based Whole Woman's Health Alliance has applied for a license to open a family planning clinic that provide non-surgical abortions at 3511 Lincoln Way West in South Bend. The area has not had an abortion-services provider since 2015. Tribune Photo/BOB BLAKE

SOUTH BEND — A new Austin, Texas-based family planning clinic that would provide non-surgical abortions has applied for a license with the Indiana State Department of Health to open a location here.

The firm Whole Woman's Health Alliance would base its clinic at 3511 Lincoln Way W., a short distance west of Bendix Drive. The building formerly housed a chiropractic clinic.

The nonprofit has asked the state to waive certain abortion-licensing requirements because surgical abortions would not be provided.

The organization already operates women's health and abortion clinics in eight cities, according to its website: Austin, Ft. Worth, San Antonio and McAllen, Texas; Peoria, III.; Baltimore, Md.; Charlottesville, Va.; and Minneapolis. It provides medication abortion to women who are up to 10 weeks pregnant. According to a copy of the clinic's application, which the South Bend Tribune obtained via a public records request, patients seeking abortions at Whole Woman's Health in South Bend would take the abortion-inducing medication Mifepristone in the presence of a physician. One to two days later, they would take another medication at home. After that, they would return to the clinic for a follow-up appointment to confirm their pregnancy was terminated

Jennifer O'Malley, director of the office of public affairs with the state health department, said the clinic's application is being reviewed.

This area has been without a provider of abortion services since November 2015. That's when Dr. Ulrich "George" Klopfer dropped his appeal of the state revoking his medical license amid allegations of violations of state laws and regulations. Klopfer had also operated clinics in Fort Wayne and Gary that were shut down.

Currently, the closest abortion services providers are in Merrillville, Ind., Chicago; Indianapolis; and Kalamazoo, Mich.

On the application, Liam Morley is listed as the proposed clinic's administrator. She was an employee for several years at the clinic Klopfer ran and in August 2016 identified herself to a Tribune reporter as director of the Pro Choice South Bend group.

Morley said at the time that Pro Choice South Bend, which provides community outreach for women seeking abortions, was not directly involved in efforts to launch another clinic. The Tribune on Friday placed numerous phone calls and e-mails and left messages seeking comment from Pro Choice South Bend, but no one from the group responded. Moriey could not be reached for comment. On the application, the proposed clinic's medical director is listed as Jeffrey D. Glazer, M.D., an obstetrician-gynecologist who is licensed to practice in Kentucky, Indiana and Ohio

abortions are provided or in a contiguous county, or must have entered into an agreement with a physician who has admitting privileges at one of those hospitals. The Under Indiana law, any physician providing abortion services (whether surgical or via medication) mus t have admitting privileges at a hospital in the county where measure was approved by the General Assembly in 2016 and signed into law by then-Gov. Mike Pence. The ISDH provided The Tribune with a copy of Glazer's agreement with a local physician who has hospital admitting privileges, but O'Malley said state law requires the department to redact identifying information from the document, including the physician's name. Members of the St. Joseph County Right to Life and Indiana Right to Life groups are encouraging supporters to voice their opposition to the proposed clinic. The groups have created an online petition that notifies state and local government officials of opposition to the clinic proposal. "If there is a chance for us to stop this clinic from opening, we will do everything in our power to do that," Antonio Marchi, program director for St. Joseph County Right to Life, said Friday. And if the clinic opens, Right to Life members will make sure women who visit the clinic can get all the help they need without going through with an abortion, he said

The Tribune on Friday contacted Whole Woman's Health Alliance and requested an interview with Amy Hagstrom Miller, the organization's chief executive officer and founder. She declined the interview request. In an emailed statement attributed to her, she wrote, in part: "It is our commitment to go into places that are underserved and where women have suffered because so many clinics have shuttered due to continued political interference. South Bend women and families deserve access to high quality abortion care services..."

in the largest metropolitan areas. The court ruled that Texas cannot place restrictions on the delivery of abortion services that create an undue burden for women seeking rights, striking down parts of a Texas law signed by then-Gov. Rick Perry that could have drastically reduced the number of abortion clinics in the state, leaving them only Whole Woman's Health was involved in a landmark case decided by the U.S. Supreme Court in June 2016. The court strengthened constitutional protections for abortion an abortion

The court found that Texas' restrictions — requiring doctors to have admitting privileges at nearby hospitals and clinics to meet the standards of ambulatory surgical centers — violated a prohibition on placing an "undue burden" on a woman's ability to obtain an abortion, the New York Times reported The Whole Woman's Health clinic in Austin, founded in 2003, was forced to close in 2014 as a result of the Texas law, but reopened in April 2017 after the Supreme Court ruling.

mfosmoe@sbtinfo.com 574-235-6329 / @mfosmoe EXHIBIT 15 Legal Opinion to ISDH

Group of doctors speak against South Bend abortion clinic Speakers urge county ordinance to address concerns

https://www.southbendtribune.com/news/local/group-of-doctors-speak-against-south-bend-abortion-clinic/article_8e28a70b-7a33-5593-80c5-0c55a16461f9.html

By Ted Booker South Bend Tribune Dec 7, 2017



Thomas Dickson, an attorney in Osceola, was among 30 people who raised concerns during a St. Joseph County Council meeting on Tuesday about an abortion clinic proposed in South Bend. Tribune Photo/TED BOOKER

SOUTH BEND —Several doctors were among about 30 people who told the St. Joseph County Council that if an abortion clinic proposed here opens, it could burden the medical community.

During the public comment period of Tuesday's council meeting, they argued that local hospitals would be compelled to provide treatment to women with complications from medication-induced abortions. St. Joseph County Right to Life, which has launched a media campaign to oppose the clinic with billboards and various advertisements, organized the speakers for the meeting. Doctors, nurses and other anti-abortion advocates spoke for nearly two hours at the meeting, citing statistics to highlight the risks of medical abortions. No abortion access advocates spoke.

runs clinics in eight cities, is approved to open at the building chosen for the clinic at 3511 Lincoln Way W. That decision will be made by the The anti-abortion speakers acknowledged the County Council has no control over whether Texas-based Whole Woman's Health Alliance, which Indiana State Department of Health, which is still reviewing the organization's application. Even so, the speakers urged council members to consider legislative actions they could take if the clinic opens as a way to address potential pitfalls with reporting patient complications.

Antonio Marchi, Right to Life's program director, says the clinic would likely underreport patient complications from medical abortions to the state department of health. That's because he suspects patients would often be treated for complications by local hospitals; in that case, complications wouldn't be reported to the state unless patients followed up to tell the clinic about them. A spokeswoman for Whole Woman's Health didn't return a call or email seeking comment Wednesday, and someone who answered a message to Pro Choice South Bend's Facebook page said the group wouldn't comment because none of its representatives attended the meeting.

As it stands, abortion clinics are required to submit a terminated pregnancy report for each abortion to the state health department. That form requires them to indicate any complications, such as hemorrhaging.

Marchi said that if the clinic opens, the council should consider passing an ordinance to require the clinic and local hospitals to report all complications to the county, ensuring complete data. Mike Trippel, the council's attorney, thinks the county elected officials, who oversee the county health department, would have the authority to approve such an ordinance.

Patients seeking abortions at Whole Woman's Health would first take the medication Mifepristone in the presence of a physician, according to the clinic's application to the state. One to two days later, they'd take another medication at home. After that, they'd return to the clinic for a follow-up appointment to confirm their pregnancy was terminated. Medical professionals at Tuesday's council meeting argued that because the second pill would be taken at home, patients with complications would likely turn to local hospitals to treat complications. And in some cases, they say, hospitals would need to conduct surgical abortions.

Among the nine doctors who raised concerns was Kelly McGuire, with OB/GYN Associates of Northern Indiana who has hospital privileges at Memorial Hospital in South Bend and Saint Joseph Health System's Mishawaka Medical Center. McGuire alluded to a patient who was treated for complications in November at the Mishawaka hospital after a failed medication-induced abortion with a provider in Chicago. She was eight weeks pregnant.

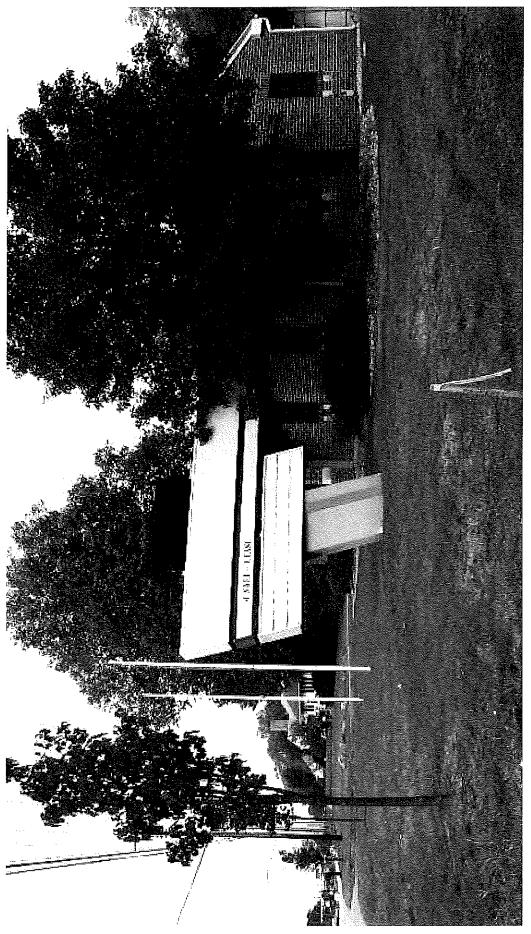
"bleeding heavily and in a lot of pain." He called the situation an example of what hospitals would see "on a regular basis" if the abortion clinic opens. After a consultation, he said, the woman was scheduled to have a surgical abortion; but before that could happen, she came to the emergency room

County Council President Rafael Morton, a Democrat, said Wednesday it is "too early in the process" to discuss whether a local law regarding abortion clinics could be considered. The debate comes after the County Council voted 6-3 in March 2015 to reject a controversial bill that would have required abortion providers to have hospital admitting privileges.

The area hasn't had an abortion provider since November 2015, when Dr. Ulrich "George" Klopfer — amid violations of state regulations — dropped his appeal of the state's revocation of his medical license. In a statement Tuesday to WSBT-TV, Whole Woman's Health said in part that "access to quality abortion services has been continually decimated in Mike Pence's Indiana communities, such as South Bend, and ... we are committed to improving people's lives by providing access to the best medical .care, which include the full range of reproductive health-services for women."

@Tbooker24 tbooker@sbtinfo.com

Whole Woman's Health officially announces South Bend abortion clinic plans



Posted: Mon 4:20 PM, Oct 30, 2017 | Updated: Mon 4:36 PM, Oct 30, 2017

SOUTH BEND, Ind. (WNDU) Texas-based Whole Woman's Health has officially announced its plans to open a new abortion clinic in South Bend.

We first reported earlier this month that the group applied for a license to operate out of a building in the 3500 block of Lincolnway West.

Whole Woman's Health says it plans on opening the South Bend clinic as soon as possible.

Recently, U.S. Rep. Jackie Walorski asked the state health department to reject the group's application, saying that St. Joseph County has seen a "tremendous" reduction of abortions in recent years.

Whole Woman's Health says abortions are just one of the services they provide to women.

From Whole Woman's Health:

Virginia under a non-pro t Whole Woman's Health Alliance (WWHA). Hagstrom Miller operates independent abortion clinics in ve states, including Texas where she won a major victory for Today, Amy Hagstrom Miller, founder and owner of Whole Woman's Health, announces her latest endeavor to open two new abortion clinics in South Bend, Indiana and Charlottesville, women and families in the 2016 case, Whole Woman's Health v. Hellerstedt, the most consequential abortion rights case to go to the Supreme Court in a generation.

Both Indiana and Virginia are classi ed as "extremely hostile" to abortion rights, having passed new laws in recent years to burden women seeking abortion and force clinics to close. In 2014, some 95 percent of Indiana counties had no clinics that provided abortion care and 66 percent of Indiana women lived in those counties. Indiana now has only six clinics open to serve women in the state, dropping from 10 in 2011. In 2014, Virginia had only 18 abortion clinics, representing a 14 percent decline in clinics from 2011. Now Virginia has just 13 open clinics. In 2014, some 92 percent of Virginia counties had no clinics that provide abortion, and 78 percent of Virginia women lived in those counties.

the Whole Woman's Health Alliance launch of a nationwide initiative to combat abortion stigma," said Amy Hagstrom Miller, founder and CEO of Whole Woman's Health and Whole Woman's "As we witness ongoing attempts by the Trump administration to bully and block women who need abortion care, I'm proud to announce that we are expanding our healthcare work, to open two new nonpro t clinics. Whole Woman's Health Charlottesville opened in October 2017, and we will open the clinic in South Bend as soon as we can. These two clinics play a key role in Health Alliance. "Nearly a year after the election of the most anti-abortion administration in decades, Whole Woman's Health Alliance is doubling down on what we do best: providing compassionate holistic care and proclaiming loudly and proudly that every day, good women have abortions. We will go where they need us the most.

of proactive legislation here in ir Virginia after Amy took on the state of Texas and TRAP laws in the landmark Whole Woman's Health v. Hellerstedt case, in which the Supreme Court ruled Virginia. "Whole Woman's Health has been a bastion of hope for women seeking honest, compassionate, effective abortion care for years. They inspired us to introduce a whole new wave that medically-unnecessary regulations that impose an undue burden on a woman's access to abortion are unconstitutional. Charlottesville women and families are lucky to have such a Hagstrom Miller and her team – they won't let intimidation from anti-choice legislators or political battles slow them down," said Tarina Keene, Executive Director of NARAL, Pro-Choice "We are so excited to welcome Whole Woman's Health into the Commonwealth, where they will continue to fearlessly care for women and families. And if I know anything about Amy great team bringing reproductive health care to their city, and we're thrilled to be one step closer to eliminating gaps in access to abortion in Virginia."

access to quality, safe abortion care without signi cant nancial or geographic barriers," said Shelly Dodson, Center Director of All-Options in Indiana. "We are thrilled that Whole Woman's Health will be opening a clinic in South Bend, and look forward to having another provider to refer clients to in Indiana, reducing their need to "At All-Options, we believe that everyone has the right to be supported in their decisions about pregnancy, parenting, abortion, and adoption. That includes having travel out of state to find the abortion care they need." "Virginians know that a woman seeking reproductive health care, including safe and legal abortion, deserves to be treated with dignity and respect. These are just the said Anna Scholl, Executive Director for Progress Virginia. "Just a year after our hard-fought victory to roll back Virginia's sham restrictions on abortion providers, it's so gratifying to know that Virginia women now have an additional option for quality, compassionate, affordable reproductive health care access, and a erce advocate values Amy Hagstrom Miller and Whole Woman's Health bring to their provision of health care and we couldn't be more thrilled to welcome them to Charlottesville," for women's dignity and autonomy to boot."